2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000017586

Entity Name: THURMON ENTERPRISES, LLC

Current Principal Place of Business:

1608 OAKMONT CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

4536 NANCY WARD LANE
NICEVILLE, FL 32578

Current Mailing Address:

1608 OAKMONT CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

PO BOX 5272
NICEVILLE, FL 32578

FEI Number: 20-0902291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THURMON, SHANE
1608 OAKMONT CIRCLE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

THURMON, SHANE
4536 NANCY WARD LANE
NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHANE THURMON 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: THURMON, SHANE
Address: 1608 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR ( ) Delete
Name: THURMON, TIFFANY R
Address: 1608 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THURMON, SHANE
Address: 4536 NANCY WARD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGR (X) Change ( ) Addition
Name: THURMON, TIFFANY R
Address: 4536 NANCY WARD LANE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHANE THURMON MGR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date