2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024247

City-St-Zip:

MGRM

Title:

Name:

Address:

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NORTH FORT MYERS, FL 33917

(X) Delete

NORTH FORT MYERS, FL 33917

7999 MERCANTILE STREET, UNIT 15

FISCHER, JR., MICHAEL B

Entity Name: AVERILL ENTERPRISES, LLC

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7999 MERCANTILE STREET **UNIT 15** NORTH FORT MYERS, FL 33917 **New Mailing Address: Current Mailing Address:** P.O. BOX 3443 NORTH FORT MYERS, FL 33918 FEI Number: 38-3700342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AVERILL, BOBBI J 7999 MERCANTILE STREET **UNIT 15** NORTH FORT MYERS, FL 33917 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete AVERILL, BOBBI J Name: Name: Address: 7999 MERCANTILE STREET, UNIT 15 Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: AVERILL, JOHN P Name: Address: 7999 MERCANTILE STREET, UNIT 15 Address:

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

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: BOBBI J. AVERILL MGRM 01/21/2009