## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038684

Entity Name: MICHAEL OLIVER ENTERPRISES LLC

FILED Mar 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

30129 CR 435 30200 CR 435

SORRENTO, FL 32776 SORRENTO, FL 32776

Current Mailing Address: New Mailing Address:

30129 CR 435 30200 CR 435

SORRENTO, FL 32776 SORRENTO, FL 32776

FEI Number: 59-3261060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLIVER, MICHAEL OLIVER, MICHAEL 30129 CR 435 OLIVER, MICHAEL 30200 CR 435

SORRENTO, FL 32776 US SORRENTO, FL 32776 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: MICHAEL OLIVER 03/01/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 OLIVER, MICHAEL
 Name:
 OLIVER, MICHAEL

 Address:
 30129 CR 435
 Address:
 30200 CR 435

 City-St-Zip:
 SORRENTO, FL 32776
 City-St-Zip:
 SORRENTO, FL 32776

Title: MGRM ( ) Delete Title: MGRM ( X) Change ( ) Addition

 Name:
 OLIVER, NEYSA
 Name:
 OLIVER, NEYSA

 Address:
 30129 CR 435
 Address:
 30200 CR 435

City-St-Zip: SORRENTO, FL 32776 City-St-Zip: SORRENTO, FL 32776

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: MICHAEL OLIVER MGR 03/01/2009