


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000051563 1. Entity Name LONNIE WAYNE MCMULLEN SR., LLC	
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Principal Place of Business 752 PETE'S LANE DAVENPORT, FL 33837 US	Mailing Address 233 GRAND RESERVE DRIVE DAVENPORT, FL 33837 US
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DO NOT WRITE IN THIS SPACE



01062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1353640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMULLEN, LONNIE W SR.
3811 BEASLEY ROAD
DAVENPORT, FL 33837

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE Lonnie W McMullen SR Lonnie W McMullen SR 1-11-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000781870
01/15/08-80052-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMULLEN, LONNIE W SR. 3811 BEASLEY ROAD DAVENPORT, US 33837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOMIA, JOY LYNN 3811 BEASLEY ROAD DAVENPORT, FL 33837
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Lonnie W McMullen SR Lonnie W McMullen SR 1-11-08 863-420-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #