

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059471

**FILED**  
**Jan 28, 2009**  
**Secretary of State**

**Entity Name:** WIRICK ENTERPRISES LLC

**Current Principal Place of Business:**

155 NORTH JEFERSON STREET  
MONTICELLO, FL 32344

**New Principal Place of Business:**

**Current Mailing Address:**

155 NORTH JEFERSON STREET  
MONTICELLO, FL 32344

**New Mailing Address:**

**FEI Number:** 04-3596841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYES, BRIAN T ESQ.  
247 NORTH JEFFERSON STREET  
MONTICELLO, FL 32344 US

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

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:**

Title: MGR ( ) Delete  
Name: WIRICK, MARK D  
Address: 715 TAU TRAIL  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WIRICK, MARK D  
Address: 2343 S JEFFERSON ST  
City-St-Zip: MONTICELLO, FL 32344

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: MARK WIRICK

MGR

01/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date