2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L04000066616

Entity Name: WISE BROTHERS OF FROSTPROOF, LLC

Current Principal Place of Business:

930 C.R. 630 W.
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

930 C.R. 630 W.
FROSTPROOF, FL 33843

New Mailing Address:

P. O. BOX 1153
FROSTPROOF, FL 33843

FEI Number: 20-1606241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WISE, GLEN D
930 C.R. 630 W.
FROSTPROOF, FL 33843 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: WISE, GLEN D
Address: 930 C.R. 630 W.
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete
Name: WISE, RUDY A
Address: 930 C.R. 630 W.
City-St-Zip: FROSTPROOF, FL 33843

Title: MGRM ( ) Delete
Name: WISE, WARREN C
Address: 930 C.R. 630 W.
City-St-Zip: FROSTPROOF, FL 33843

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: GLEN D. WISE MR. 03/13/2009

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