

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072385

FILED
May 02, 2009
Secretary of State

Entity Name: BIRK FAMILY, LLC

Current Principal Place of Business:

3909 LITHIA RIDGE BLVD.
VALRICO, FL 33594

New Principal Place of Business:

3909 LITHIA RIDGE BLVD.
VALRICO, FL 33596

Current Mailing Address:

3909 LITHIA RIDGE BLVD.
VALRICO, FL 33594

New Mailing Address:

3909 LITHIA RIDGE BLVD.
VALRICO, FL 33596

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRK, RONALD F
5909 LITHIA RIDGE BLVD
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

BIRK, RONALD F
3909 LITHIA RIDGE BLVD
VALRICO, FL 33596 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: _____ 05/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BIRK, RONALD F
Address: 3909 LITHIA RIDGE BLVD
City-St-Zip: VALRICO, FL 33594

Title: P () Delete
Name: BIRK, DENISE E
Address: 3909 LITHIA RIDGE ROAD
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BIRK, RONALD F
Address: 3909 LITHIA RIDGE BLVD
City-St-Zip: VALRICO, FL 33596

Title: P (X) Change () Addition
Name: BIRK, DENISE E
Address: 3909 LITHIA RIDGE ROAD
City-St-Zip: VALRICO, FL 33596

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: RONALD F BIRK PRES 05/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date