

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073515

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: PONS & SONS, LLC

**Current Principal Place of Business:**

14344 SILVERTIP CT.  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

14344 SILVERTIP CT.  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 41-2155396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMP, RICHARD CPA  
6817 SOUTHPOINT PARKWAY, #2201  
JACKSONVILLE, FL 32216 US

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

KEVIN S GREEN INC  
3617-2 CROWN POINT RD  
JACKSONVILLE, FL 32257 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: KEVIN GREEN

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PONS, PATRICIA  
Address: 14344 SILVERTIP CT.  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: PONS, WILLIAM J  
Address: 14344 SILVERTIP CT.  
City-St-Zip: JACKSONVILLE, FL 32258

**ADDITIONS/CHANGES:**

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: PATRICIA PONS

MGR

04/30/2009

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