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Secretary of State

07-05-2007 90154 009 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/5

DOCUMENT # L04000078689

1. Entity Name
PENCE BROTHERS, LLC

Principal Place of Business	Mailing Address
4301 SPANISH TRAIL PENSACOLA, FL 32504	4301 SPANISH TRAIL PENSACOLA, FL 32504

30012742

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 37-1502772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BAKER, STEVEN J 15 WEST LA RUA STREET PENSACOLA, FL	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M PENCE, CLYDE M 9023 WOODRUN LN. PENSACOLA, FL 32514 MGRM	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pence, Clyde M. 7801 Peterson Point Milton, Fl 32583	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ MGRM PENCE, THOMAS W 3028 GREYSTONE DR. To 2898 PACE, FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR~~ MGRM Pence, Thomas W 2898 Greystone Dr Pace, Fl 32571	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Thomas W Pence Thomas W. Pence MGRM 7/2/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #