

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080546

FILED
Feb 02, 2009
Secretary of State

Entity Name: F COMPANY, LLC

Current Principal Place of Business:

735 YALE ROAD
DELAND, FL 32724

New Principal Place of Business:

117 N. GARFIELD AVENUE
#12
DELAND, FL 32724

Current Mailing Address:

735 YALE ROAD
DELAND, FL 32724

New Mailing Address:

117 N. GARFIELD AVENUE
#12
DELAND, FL 32724

FEI Number: 20-1255486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID STRAWN LANDS, INC.
735 YALE ROAD
DELAND, FL 32724 US

Name and Address of New Registered Agent:

DAVID STRAWN LANDS, INC.
117 N. GARFIELD AVENUE
DELAND, FL 32724 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: DAVID STRAWN

02/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVID STRAWN LANDS,, INC.
Address: 735 YALE ROAD
City-St-Zip: DELAND, FL 32724

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: STRAWN, DAVID U PRESIDE
Address: 117 N. GARFIELD AVENUE
City-St-Zip: DELAND, FL 32724

Title: D () Change (X) Addition
Name: STRAWN, FRANCES F
Address: 117 N. GARFIELD AVENUE
City-St-Zip: DELAND, FL 32724

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: FRANCESSTRAWN@EARTHLINK.NET

D

02/02/2009

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