

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089774

Entity Name: RONNIE HAWTHORNE LLC

FILED  
Jul 13, 2009  
Secretary of State

## Current Principal Place of Business:

22333 OAK TREE LANE  
FOUNTAIN, FL 32438

## New Principal Place of Business:

8338 CLUSTER RD.  
PANAMA CITY, FL 32404

## Current Mailing Address:

22333 OAK TREE LANE  
FOUNTAIN, FL 32438

## New Mailing Address:

8338 CLUSTER RD.  
PANAMA CITY, FL 32404

FEI Number: 26-3676493      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HAWTHORNE, RONNIE  
22333 OAK TREE LANE  
FOUNTAIN, FL 32438      US

## Name and Address of New Registered Agent:

HAWTHORNE, RONNIE  
8338 CLUSTER RD.  
PANAMA CITY, FL      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:

07/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: HAWTHORNE, RONNIE  
Address: 22333 OAK TREE LANE  
City-St-Zip: FOUNTAIN, FL 32438

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: HAWTHORNE, RONNIE  
Address: 8338 CLUSTER RD.  
City-St-Zip: PANAMA CITY, FL 32404

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: RONNIE HAWTHORNE

MGM

07/13/2009

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