

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093414

FILED
Jul 20, 2009
Secretary of State

Entity Name: BLOUNT SIKES, LLC

Current Principal Place of Business:

900 FOX VALLEY DRIVE
SUITE 108
LONGWOOD, FL 32779 US

New Principal Place of Business:

304 MAGNOLIA OAK DRIVE
LONGWOOD, FL 32779 US

Current Mailing Address:

900 FOX VALLEY DRIVE
SUITE 108
LONGWOOD, FL 32779 US

New Mailing Address:

304 MAGNOLIA OAK DRIVE
LONGWOOD, FL 32779 US

FEI Number: 20-2058607 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:

SIKES, JOHN M
900 FOX VALLEY DRIVE
SUITE 108
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

SIKES, JOHN M
304 MAGNOLIA OAK DRIVE
LONGWOOD, FL 32779 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: _____

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIKES, JOHN M
Address: 900 FOX VALLEY DRIVE, SUITE 108
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: BLOUNT, WESLEY E
Address: 900 FOX VALLEY DRIVE, SUITE 108
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIKES, JOHN M
Address: 304 MAGNOLIA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM (X) Change () Addition
Name: BLOUNT, WESLEY E
Address: 304 MAGNOLIA OAK DRIVE
City-St-Zip: LONGWOOD, FL 32779 US

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: JOHN M SIKES

MGRM

07/20/2009

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