

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011236

Entity Name: MIKE OWENS L.L.C.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

645 E. THRASHER DR.
BRINSON, FL 32621

New Principal Place of Business:

Current Mailing Address:

PO BOX 852
BRONSON, FL 32621

New Mailing Address:

FEI Number: 86-1132306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, MIKE
645 E. THRASHER DR.
BRINSON, FL 32621 US

Name and Address of New Registered Agent:

OWENS, MIKE
645 E. THRASHER DR.
BRONSON, FL 32621 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:

04/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OWENS, MIKE
Address: PO BOX 852
City-St-Zip: BRONSON, FL 32621

Title: MGRM () Delete
Name: OWNES, JAMES
Address: PO BOX 52
City-St-Zip: ARCHER, FL

Title: MGRM (X) Delete
Name: OWENS, MIKEY
Address: 390 BLITCH ST.
City-St-Zip: BRONSON, FL 32621

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OWENS, MIKE
Address: PO BOX 852
City-St-Zip: BRONSON, FL 32621

Title: MGR (X) Change () Addition
Name: OWENS, AMANDA
Address: PO BOX 52
City-St-Zip: BRONSON, FL 32621 LE

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: MIKE OWENS

MGRM

04/13/2009

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