

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 02, 2009  
Secretary of State**

DOCUMENT# L05000019127

Entity Name: PAUL SIFFORD LLC

**Current Principal Place of Business:**

14075 SW 121ST PLACE  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

14075 S.E. 121ST PLACE  
OCKLAWAHA, FL 32179

**Current Mailing Address:**

14075 SW 121ST PLACE  
OCKLAWAHA, FL 32179

**New Mailing Address:**

14075 S.E. 121ST PLACE  
OCKLAWAHA, FL 32179

FEI Number: 61-1484938      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
BOX 1392429  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

SIFFORD, PAUL D OWNER  
14075 S.E. 121ST PLACE  
OCKLAWAHA, FL 32179 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: PAUL SIFFORD

03/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIFFORD, PAUL  
Address: 14075 S.E. 121ST. PLACE  
City-St-Zip: OCKLAWAHA, FL 32179

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIFFORD, PAUL D OWNER  
Address: 14075 S.E. 121ST. PLACE  
City-St-Zip: OCKLAWAHA, FL 32179

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: PAUL SIFFORD

MGR

03/02/2009

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