2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2008
Secretary of State

DOCUMENT# L05000022467

Entity Name: LIQUID RESOURCE, LLC

Current Principal Place of Business:

811 TURNBERRY WAY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

811 TURNBERRY WAY
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-0933260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLETCHER, MICHAEL
811 TURNBERRY WAY
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FLETCHER, MICHAEL	
Address:	811 TURNBERRY WAY	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	FLETCHER, MARCUS	
Address:	107 MUIRFIELD COVE E	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	FLETCHER, ROBIN	
Address:	811 TURNBERRY WAY	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	FLETCHER, TRICIA	
Address:	107 MUIRFIELD COVE E	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	MGRM	( ) Delete
Name:	STEWART, KEITH	
Address:	300 BROOKS STREET SE	
City-St-Zip:	FT WALTON BEACH, FL 32548	
Title:	MGRM	( ) Delete
Name:	STEWART, CHRISTINE	
Address:	300 BROOKS STREET SE	
City-St-Zip:	FT WALTON BEACH, FL 32548	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL FLETCHER MGRM 02/02/2008

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