

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022467

FILED
Jul 18, 2009
Secretary of State

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 ()
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:

Name and Address of New Registered Agent:

FLETCHER, MICHAEL
811 TURNBERRY WAY
NICEVILLE, FL 32578 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: _____

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 (X) Delete
Name: STEWART, KEITH
Address: 300 BROOKS STREET SE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM (X) 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
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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

07/18/2009

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