

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032586

FILED
Feb 23, 2009
Secretary of State

Entity Name: ACCUTRUE ENTERPRISES LLC

Current Principal Place of Business:

3293 HIGHWAY 17
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

PO BOX 5
GREEN COVE SPRINGS, FL 320430005

New Mailing Address:

FEI Number: 52-2456117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENBARKER, MICHAEL K
3293 US HWY 17
GREEN COVE SPRINGS, FL 32043 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: ROSENBARKER, MICHAEL K
Address: 3293 US HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: ROSENBARKER, KIMBERLY A
Address: 3293 US HWY 17
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSENBARKER, MICHAEL K
Address: P.O. BOX #5
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

Title: MGRM (X) Change () Addition
Name: ROSENBARKER, KIMBERLY A
Address: P.O. BOX #5
City-St-Zip: GREEN COVE SPRINGS, FL 320430005

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 K. ROSENBARKER

M.M.

02/23/2009

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