

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000033038

Entity Name: LF, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

8169 US HIGHWAY 301  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

8169 US HIGHWAY 301  
PARRISH, FL 34219

**New Mailing Address:**

FEI Number: 20-2629437

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHENS, JOHN A  
1020 10TH AVE W  
PALMETTO, FL 34221 US

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

PETER, VOLE III MGRM  
8169 US HWY 301  
PARRISH, FL 34219 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: PETER VOLE III

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEPHANS, JOHN A  
Address: 1020 10TH AVE W.  
City-St-Zip: PALMETTO, FL 34221

Title: MGRM ( ) Delete  
Name: VOLE, PETER  
Address: PO BOX 557  
City-St-Zip: ELLENTOWN, FL 3222

**ADDITIONS/CHANGES:**

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: PETER VOLE III

MGRM

04/21/2009

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