2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# L05000033454

Entity Name: JIMMIE F. WALTON, LLC

Current Principal Place of Business:

501 RED OAK LANE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

114 PECAN DRIVE
BONIFAY, FL 32425

Current Mailing Address:

501 RED OAK LANE
DEFUNIAK SPRINGS, FL 32433

New Mailing Address:

114 PECAN DRIVE
BONIFAY, FL 32425

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

WALTON, JIMMIE F
501 RED OAK LANE
DEFUNIAK SPRINGS, FL 32433 US

Name and Address of New Registered Agent:

WALTON, JIMMIE F SR.
114 PECAN DRIVE
BONIFAY, FL 32425 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: JIMMIE F WALTON SR. 06/05/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: RA ( ) Delete
Name: WALTON, JIMMIE F SR.
Address: 501 RED OAK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MR ( ) Delete
Name: WALTON, JIMMIE F II
Address: 501 RED OAK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: MRS ( ) Delete
Name: WALTON, SHARON V
Address: 501 RED OAK LANE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

ADDITIONS/CHANGES:

Title: RA (X) Change ( ) Addition
Name: WALTON, JIMMIE F SR.
Address: 114 PECAN DRIVE
City-St-Zip: BONIFAY, FL 32425

Title: MR (X) Change ( ) Addition
Name: WALTON, JIMMIE F II
Address: 114 PECAN DRIVE
City-St-Zip: BONIFAY, FL 32425 US

Title: MRS (X) Change ( ) Addition
Name: WALTON, SHARON V
Address: 114 PECAN DRIVE
City-St-Zip: BONIFAY, FL 32425

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: JIMMIE F. WALTON SR. RA 06/05/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date