

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061086

Entity Name: CHRISTINA WHITLOCK, LLC

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

904 JEFFERSON RD  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

12186 TRAVERTINE TRAIL  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

2657 LENOX RD NE  
23  
ATLANTA, GA 30324 US

**New Mailing Address:**

12186 TRAVERTINE TRAIL  
JACKSONVILLE, FL 32223 US

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:**

WHITLOCK, CHRISTINA L  
904 JEFFERSON RD.  
ROCKLEDGE, FL 32955 US

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

WHITLOCK, CHRISTINA L  
12186 TRAVERTINE TRAIL  
JACKSONVILLE, FL 32223 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: CHRISTINA L WHITLOCK

05/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  Delete  
Name: WHITLOCK, CHRISTINA L  
Address: 904 JEFFERSON RD  
City-St-Zip: ROCKLEDGE, FL 32955 US

**ADDITIONS/CHANGES:**

Title: MGRM  Change  Addition  
Name: WHITLOCK, CHRISTINA L  
Address: 12186 TRAVERTINE TRAIL  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: CHRISTINA L WHITLOCK

MGRM

05/06/2009

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