

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112520

FILED
Jan 15, 2009
Secretary of State

Entity Name: WHOLE FAMILY ARCHERY, LLC

Current Principal Place of Business:

2307 HONOLULU COURT
JACKSONVILLE, FL 32246

New Principal Place of Business:

4572 CAPITAL DOME DR.
JACKSONVILLE, FL 32246

Current Mailing Address:

2307 HONOLULU COURT
JACKSONVILLE, FL 32246

New Mailing Address:

4572 CAPITAL DOME DR.
JACKSONVILLE, FL 32246

FEI Number: 20-3840966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMSON, LAURENCE J
2307 HONOLULU COURT
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

WILLIAMSON, LAURENCE J MR.
4572 CAPITAL DOME DR.
JACKSONVILLE, FL 32246 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: MR. LAURENCE J. WILLIAMSON

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMSON, LAURENCE
Address: 2307 HONOLULU COURT
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMSON, LAURENCE J MR.
Address: 4572 CAPITAL DOME DR.
City-St-Zip: JACKSONVILLE, FL 32246

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: MR. LAURENCE J. WILLIAMSON

MGRM

01/15/2009

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