

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005140

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** BARKSDALE FINANCIAL ASSOCIATES, LLC

**Current Principal Place of Business:**

214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 20-4150824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWE, SHARON B  
214 THISTLEWOOD CIRCLE  
LONGWOOD, FL 32779 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:** MR  
**Name:** BARKSDALE, WILLIAM S MANAGER  
**Address:** 5259 VISTA CLUB RUN  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MS  
**Name:** BARKSDALE, REBECCA B MANAGER  
**Address:** 5259 VISTA CLUB RUN  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MS  
**Name:** LOWE, SHARON B MANAGER  
**Address:** 214 THISTLEWOOD CIRCLE  
**City-St-Zip:** LONGWOOD, FL 32779 US

**Title:** MS  
**Name:** VOGEL, REBECCA D MANAGER  
**Address:** 214 THISTLEWOOD CIRCLE  
**City-St-Zip:** LONGWOOD, FL 32779 US

I hereby 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:** SHARON LOWE

MGR

01/08/2010

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