2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# L06000011999

Entity Name: DORIS DEMAURO BISHOP LLC

Current Principal Place of Business:

396 LUKENS ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

569 MARTIN BISHOP ROAD
MONTICELLO, FL 32344

Current Mailing Address:

396 LUKENS ROAD
MONTICELLO, FL 32344

New Mailing Address:

569 MARTIN BISHOP ROAD
MONTICELLO, FL 32344

FEI Number: 20-4247289 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISHOP, DORIS D
396 LUKENS ROAD
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

BISHOP, DORIS D
569 MARTIN BISHOP ROAD
MONTICELLO, FL 32344 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: DORIS DEMAURO BISHOP 04/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BISHOP, DORIS D
Address: 396 LUKENS ROAD
City-St-Zip: TALLAHASSEE, FL 32344

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BISHOP, DORIS D
Address: 569 MARTIN BISHOP ROAD
City-St-Zip: TALLAHASSEE, FL 32344

Title: MGR ( ) Change (X) Addition
Name: BISHOP, MORDAUNT
Address: 569 MARTIN BISHOP ROAD
City-St-Zip: MONTICELLO, FL 32344

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: DORIS DEMAURO BISHOP MGR 04/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date