## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000017417

Entity Name: ELKINS CO LLC

Address:

City-St-Zip:

PO BOX 2842

LAKELAND, FL 33806

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1012 W BEACON RD 1012 W BEACON RD LAKELAND, FL 33802 US LAKELAND, FL 33803 US **Current Mailing Address: New Mailing Address:** PO BOX 2842 LAKELAND, FL 33806 US FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELKINS, ERIC R MGRM 1012 W BEACON ROAD LAKELAND, FL 33803 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ELKINS, ERIC Name: Name: Address: PO BOX 2842 Address: City-St-Zip: LAKELAND, FL 33806 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ELKINS, MARK A Name: Address: PO BOX 2842 Address: City-St-Zip: LAKELAND, FL 33806 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ELKINS, ZACHARY C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KIRSTIE ELKINS MNGR 04/14/2009