

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020007

FILED
May 08, 2009
Secretary of State

Entity Name: BILL HAMPTON ENTERPRISES LLC

Current Principal Place of Business:

11670 SE 71ST PLACE
MORRISTON, FL 32668 US

New Principal Place of Business:

21747 SW 82ND LOOP
DUNNELLON, FL 34431 US

Current Mailing Address:

11670 SE 71ST PLACE
MORRISTON, FL 32668 US

New Mailing Address:

21747 SW 82ND LOOP
DUNNELLON, FL 34431 US

FEI Number: 20-4367613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

HAMPTON, KATHLEEN G VP
21747 SW 82ND LOOP
DUNNELLON, FL 34431 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: KATHLEEN G. HAMPTON

05/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMPTON, WILLIAM D
Address: 11670 SE 71ST PLACE
City-St-Zip: MORRISTON, FL 32668 US

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HAMPTON, WILLIAM D
Address: 21747 SW 82ND LOPP
City-St-Zip: DUNNELLON, FL 34431 US

Title: VP () Change (X) Addition
Name: HAMPTON, KATHLEEN G
Address: 21747 SW 82ND LOOP
City-St-Zip: DUNNELLON, FL 34431

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: KATHLEEN G. HAMPTON

VP

05/08/2009

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