

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022805

FILED  
Apr 16, 2008  
Secretary of State

Entity Name: THOMPSON & BUCKLES LLC

**Current Principal Place of Business:**

718 HWY. 20  
HOLLISTER, FL 32147

**New Principal Place of Business:**

718 HWY 20  
HOLLISTER, FL 32147

**Current Mailing Address:**

558 WEST PENIEL ROAD  
PALATKA, FL 32177

**New Mailing Address:**

FEI Number: 76-0819596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, JOHN D  
558 W. PENIEL RD.  
PALATKA, FL 32177 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: MGRM ( ) Delete  
Name: THOMPSON, JOHN D  
Address: 558 W. PENIEL RD.  
City-St-Zip: PALATKA, FL 32177

Title: MGRM ( ) Delete  
Name: THOMPSON, ADAM C  
Address: 718 HWY. 20  
City-St-Zip: HOLLISTER, FL 32147

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN D. THOMPSON

MGRM

04/16/2008

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