

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025825

FILED
Mar 16, 2009
Secretary of State

Entity Name: PULLEN AND ASSOCIATES, LLC

Current Principal Place of Business:

1232 SE MENDEAVIA AVENUE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

2525 ENGLISH IVY CIRCLE
THE VILLAGES, FL 32162

Current Mailing Address:

1232 SE MENDEAVIA AVENUE
PORT ST. LUCIE, FL 34952

New Mailing Address:

2525 ENGLISH IVY CIRCLE
THE VILLAGES, FL 32162

FEI Number: 33-1135030

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOOGE, HOWARD E JR. ESQ
401 E. OSCEOLA STREET
STUART, FL 34994 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: PULLEN, WILLIAM L
Address: 1232 S.E. MENDEAVIA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PULLEN, WILLIAM L
Address: 2525 ENGLISH IVY CIRCLE
City-St-Zip: THE VILLAGES, FL 32162

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: L. WILLIAM PULLEN

MR.

03/16/2009

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