

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032297

Entity Name: FULL CHOKE RANCH, LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

19805 U S HWY 331 S  
FREEPORT, FL 32439

**Current Mailing Address:**

5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

P O BOX 450  
FREEPORT, FL 32439

FEI Number: 20-4552614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATSON, FRANKLIN H P.A.  
5365 E. COUNTY HWY. 30-A, SUITE 105  
SEAGROVE BEACH, FL 32459 US

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

PERRY, MIKEL LEE  
303 GULF SHORE DRIVE  
SANTA ROSA BEACH, FL 32459 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: MIKEL LEE PERRY

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PERRY, MIKEL LEE  
Address: P O BOX 450  
City-St-Zip: FREEPORT, FL 32439

**ADDITIONS/CHANGES:**

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: MIKEL LEE PERRY

MGR

04/27/2009

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