## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049963

Entity Name: OCKLAWAHA VENTURES LLC

**FILED** Apr 15, 2009 Secretary of State

US

**Current Principal Place of Business: New Principal Place of Business:** 

1521 W WASHINGTON STREET 121 W CLARK ST QUINCY, FL 32351 QUINCY, FL 32351

**Current Mailing Address: New Mailing Address:** 

PO BOX 1523 QUINCY, FL 32353

Name:

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:

BOONE, JASON B BOONE, JASON B 1521 W WASHINGTON STREET 121 W ĆLARK ST QUINCY, FL 32351 QUINCY, FL 32351

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: JASON BOONE 04/15/2009

> Electronic Signature of Registered Agent Date

> > Name:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete BOONE, JASON B

BOONE, JASON B Address: 1521 W WASHINGTON STREET Address: 121 W CLARK ST City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32351

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: HANWAY, GABRIEL G Name: HANWAY, GABRIEL G Address: 1521 W WASHINGTON STREET Address: 121 W CLARK ST City-St-Zip: QUINCY, FL 32351 City-St-Zip: QUINCY, FL 32351

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: JASON BOONE 04/15/2009