

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054130

FILED
Jul 03, 2009
Secretary of State

Entity Name: BARRACUDA OF PENSACOLA, LLC

Current Principal Place of Business:

2010 E. MALLORY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

2010 E. MALLORY
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-5622381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

IRVIN, COY
2010 E. MALLORY
PENSACOLA, FL 32503 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SWITZER, ROBERT
Address: 92 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: HUDSON, HAROLD
Address: 2109 BAYOU BLVD.
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Delete
Name: IRVIN, COY
Address: 2010 E. MALLORY
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

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

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: COY IRVIN

MGR

07/03/2009

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