2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# L06000062544

Entity Name: LYONS ENTERPRISES, LLC

Current Principal Place of Business:

229 US 27 NORTH
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

229 US 27 NORTH
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 20-5112406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LYONS, CLARENCE D MGRM
3839 EDGEWATER DRIVE
SEBRING, FL 33872 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: LYONS, CLARENCE D MGRM
Address: 3839 EDGEWATER DR.
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM ( ) Delete
Name: LYONS, JACALYN M MGRM
Address: 3839 EDGEWATER DR.
City-St-Zip: SEBRING, FL 33872 US

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: JACALYN M. LYONS MGRM 04/04/2009

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