

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076036

FILED
Aug 06, 2008
Secretary of State

Entity Name: EUGENE F. SATTERFIELD "LIMITED LIABILITY COMPANY"

Current Principal Place of Business:

6118 SYRCLE AVE.
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

6118 SYRCLE AVE.
MILTON, FL 32570

New Mailing Address:

FEI Number: 06-1787237 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:

SATTERFIELD, EUGENE F
6118 SYRCLE
MILTON, FL 32570 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM, INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC

08/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SATTERFIELD, EUGENE F
Address: 6118 SYRCLE AVE
City-St-Zip: MILTON, FL 32570

Title: MGR (X) Delete
Name: MCQUEEN, CARY
Address: 5024 RIDGEWAY
City-St-Zip: MILTON, FL 32570

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: CHRISTINA CLARK FOR EUGENE F SATTERFIELD

P

08/06/2008

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