## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080327

Entity Name: PROCTOR & FLETCHER, LLC

FILED Mar 24, 2009 Secretary of State

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

500 E UNIVERSITY AVE STE C 1 NE 1ST AVE. STE. 209 GAINESVILLE, FL 32601 OCALA, FL 34470

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

1 NE 1ST AVE. STE. 209 PO BOX 1619 GAINESVILLE, FL 32602 OCALA, FL 34470

FEI Number: 20-5138126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LASH, ROBERT A 500 E UNIVERSITY AVE STE C GAINESVILLE, FL 32601

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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete PROCTOR, CARRIE S Name: Address: 500 E UNIVERSITY AVE STE C

City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM () Delete Name: FLETCHER, BECKY A

Address: 500 E UNIVERSITY AVE STE C City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition

PROCTOR, CARRIE S Name: Address: 1 NE 1ST AVE STE. 209 City-St-Zip: OCALA, FL 34470

Title: MGRM (X) Change ( ) Addition

Name: FLETCHER, REBECCA A Address: 1 NE 1ST AVE STE, 209 City-St-Zip: OCALA, FL 34470

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: REBECCA A. FLETCHER **MGRM** 03/24/2009