

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080798

FILED
Jan 09, 2009
Secretary of State

Entity Name: BRUMFIELD FAMILY HOLDINGS LLC

Current Principal Place of Business:

19215 LA SERENA DRIVE
FORT MYERS, FL 33967

New Principal Place of Business:

Current Mailing Address:

19215 LA SERENA DRIVE
FORT MYERS, FL 33967

New Mailing Address:

FEI Number: 20-5353163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUMFIELD, C W
19215 LA SERENA DRIVE
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

BRUMFIELD, CARL W
19215 LA SERENA DRIVE
FORT MYERS, FL 33967 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: CARL WAYNE BRUMFIELD

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRUMFIELD, C W
Address: 19215 LA SERENA DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: MGRM () Delete
Name: BRUMFIELD, EDNA M
Address: 19215 LA SERENA DRIVE
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BRUMFIELD, CARL W
Address: 19215 LA SERENA DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: SEC (X) Change () Addition
Name: BRUMFIELD, EDNA M
Address: 19215 LA SERENA DRIVE
City-St-Zip: FORT MYERS, FL 33967

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: EDNA M BRUMFIELD

SEC

01/09/2009

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