

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089233

Entity Name: LGB ENTERPRISES, LLC

FILED  
Mar 11, 2009  
Secretary of State

**Current Principal Place of Business:**

224 N. MAIN STREET  
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 534  
HASTINGS, FL 32145

**New Mailing Address:**

FEI Number: 20-5584414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRACE BOZARD, LETTI  
601 PEGGY PLACE  
ST. AUGUSTINE, FL 32086 US

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

BOZARD, LETTI G  
601 PEGGY PLACE  
ST. AUGUSTINE, FL 32086 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: LETTI G BOZARD

03/11/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRACE BOZARD, LETTI  
Address: 601 PEGGY PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOZARD, LETTI G  
Address: 601 PEGGY PLACE  
City-St-Zip: ST. AUGUSTINE, FL 32086

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: LETTI G BOZARD

MGR

03/11/2009

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