

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108411

Entity Name: STEEL EAGLES, LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

2304 BRUNER LANE
FT. MYERS, FL 33912

New Principal Place of Business:

2304 BRUNER LANE
#1
FT. MYERS, FL 33912

Current Mailing Address:

2304 BRUNER LANE
FT. MYERS, FL 33912

New Mailing Address:

2304 BRUNER LANE
#1
FT. MYERS, FL 33912

FEI Number: 20-8006832 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:

WHITT, BILLY D
2304 BRUNER LANE
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

WHITT, BILLY D
2304 BRUNER LANE
#1
FT. MYERS, FL 33912 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: BILLY D. WHITT

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHITT, BILLY D
Address: 2304 BRUNER LANE
City-St-Zip: FT. MYERS, FL 33912

Title: MGRM () Delete
Name: WHITT, EILEEN M
Address: 2304 BRUNER LANE
City-St-Zip: FT. MYERS, FL 33912

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: EILEEN M. WHITT

MGRM

06/15/2009

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