

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113321

Entity Name: MICK & SONS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-5869601 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:

Name and Address of New Registered Agent:

LEON, ANTONIO M JR.
12656 ASHGLEN DRIVE NORTH
JACKSONVILLE, FL 32224 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TIPPING, WAYNE
Address: P.O. BOX 382
City-St-Zip: LA CENTER, WA 98629

Title: MGRM () Delete
Name: TIPPING, PAMELA
Address: P.O. BOX 382
City-St-Zip: LA CENTER, WA 98629

Title: MGRM () Delete
Name: LEON, ANTONIO M JR.
Address: 12656 ASHGLEN DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: CHISHOLM, STEVEN
Address: 2820 BULLS BAY HIGHWAY
City-St-Zip: JACKSONVILLE, FL 32220

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTONIO M. LEON JR

MM

05/01/2009

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