

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116168

Entity Name: FLOMAC ENTERPRISES LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

1202 S. KEENE ROAD
CLEARWATER, FL 33756

New Principal Place of Business:

1725 ROBIN HOOD LANE
CLEARWATER, FL 33764

Current Mailing Address:

1202 S. KEENE ROAD
CLEARWATER, FL 33756

New Mailing Address:

1725 ROBIN HOOD LANE
CLEARWATER, FL 33764

FEI Number: 20-5990025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, FLOYD
1202 S. KEENE ROAD
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MCKENZIE, FLOYD
1725 ROBIN HOOD LANE
CLEARWATER, FL 33764 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:

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKENZIE, FLOYD
Address: 1202 S. KEENE ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: MCKENZIE, RUBY M
Address: 1202 S. KEENE ROAD
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCKENZIE, FLOYD
Address: 1725 ROBIN HOOD LANE
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM (X) Change () Addition
Name: MCKENZIE, RUBY M
Address: 1725 ROBIN HOOD LANE
City-St-Zip: CLEARWATER, FL 33764

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: FLOYD M. MCKENZIE

MGRM

03/27/2009

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