

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116524

Entity Name: RILEY FAMILY, L.L.C.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

5757 HUNTERS OAK TRAIL
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

PO BOX 7189
PENSACOLA, FL 32534

New Mailing Address:

5757 HUNTERS OAK TRAIL
MILTON, FL 32570

FEI Number: 20-5992061 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:

RILEY, SHAWN P
5757 HUNTERS OAK TRAIL
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: MM () Delete
Name: RILEY, SHAWN P
Address: 5757 HUNTERS OAK TRAIL
City-St-Zip: MILTON, FL 32570

Title: M () Delete
Name: RILEY, JASON N
Address: 5787 HUNTERS OAK TRAIL
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RILEY, SHAWN P
Address: 5757 HUNTERS OAK TRAIL
City-St-Zip: MILTON, FL 32570

Title: MGR (X) Change () Addition
Name: RILEY, JASON N
Address: 5787 HUNTERS OAK TRAIL
City-St-Zip: MILTON, FL 32570

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: SHAWN P. RILEY

MGR

05/01/2009

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