

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119985

Entity Name: FEQ 8416, LLC

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

1015 A1A BEACH BLVD
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 725
PALATKA, FL 32178 07

New Mailing Address:

FEI Number: 20-8063206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUTCH, DARYLL W
244 SILVER LAKE ROAD
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

FUTCH, DARYLL W
2011 COUNTRY CLUB TERRACE
PALATKA, FL 32177 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: DARRYL W. FUTCH

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FUTCH, DARYLL W
Address: P.O. BOX 725
City-St-Zip: PALATKA, FL 32178

Title: MGRM () Delete
Name: FUTCH ENTERPRISES, I, NC
Address: P.O. BOX 725
City-St-Zip: PALATKA, FL 32178

Title: MGR () Delete
Name: RAFUSE, VICKI L
Address: 1123 SOUTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: FRANK, THERESA A
Address: 1123 SOUTH STATE ROAD 19
City-St-Zip: PALATKA, FL 32177

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: THERESA A FRANK

MGR

02/05/2009

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