

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122401

Entity Name: MEDLOCK, GROUP, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2742 SEDGEFIELD AVENUE
DELTONA, FL 32725 US

New Principal Place of Business:

214 LAKE MOLLY AVE
DELAND, FL 32724 US

Current Mailing Address:

2742 SEDGEFIELD AVENUE
DELTONA, FL 32725 US

New Mailing Address:

214 LAKE MOLLY AVE
DELAND, FL 32724 US

FEI Number: 76-0845957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDLOCK, DONNA
2742 SEDGEFIELD AVENUE
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

MEDLOCK, DONNA
214 LAKE MOLLY AVE
DELAND, FL 32724 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: DONNA MEDLOCK

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEDLOCK, FRED
Address: 2742 SEDGEFIELD AVENUE
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM () Delete
Name: MEDLOCK, DONNA
Address: 2742 SEDGEFIELD AVENUE
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDLOCK, FRED
Address: 214 LAKE MOLLY AVE
City-St-Zip: DELAND, FL 32724 US

Title: MGRM (X) Change () Addition
Name: MEDLOCK, DONNA
Address: 214 LAKE MOLLY AVE
City-St-Zip: DELAND, FL 32724 US

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: DONNA MEDLOCK

MGR

04/30/2009

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