

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000098

FILED
Jul 09, 2008
Secretary of State

Entity Name: C. LUTHER PICKELS & ASSOCIATES, LLC

Current Principal Place of Business:

440 WEST WASHINGTON
MONTICELLO, FL 32344 US

New Principal Place of Business:

825 E WASHINGTON ST
MONTICELLO, FL 32344 US

Current Mailing Address:

PO BOX 413
MONTICELLO, FL 32345 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

PICKELS, C. LUTHER
440 WEST WASHINGTON
MONTICELLO, FL 32344 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: PICKELS, C. LUTHER
Address: 440 WEST WASHINGTON
City-St-Zip: MONTICELLO, FL 32344 US

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

Title: MGR () Delete
Name: PICKELS, BARBARA
Address: 440 WEST WASHINGTON
City-St-Zip: MONTICELLO, FL 32344 US

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: C LUTHER PICKELS

MEMB

07/09/2008

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