

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000650

FILED  
Apr 07, 2008  
Secretary of State

Entity Name: AYERS ENTERPRISES, LLC

**Current Principal Place of Business:**

18185 N.E. B.E. BARFIELD ROAD  
ALTHA, FL 32421

**New Principal Place of Business:**

**Current Mailing Address:**

18185 N.E. B.E. BARFIELD ROAD  
ALTHA, FL 32421

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

AYERS, THOMAS O  
18185 N.E. B.E. BARFIELD ROAD  
ALTHA, FL 32421 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: MGR ( ) Delete  
Name: AYERS, THOMAS O  
Address: 18185 N.E. B.E. BARFIELD ROAD  
City-St-Zip: ALTHA, FL 32421

Title: MGR ( ) Delete  
Name: AYERS, CONNIE F  
Address: 18185 N.E. B.E. BARFIELD ROAD  
City-St-Zip: ALTHA, FL 32421

Title: MGR ( ) Delete  
Name: ROBERTS, LUNDEN L  
Address: 27883 N.E. CR 69A  
City-St-Zip: ALTHA, FL 32421

Title: MGR ( ) Delete  
Name: OBRYAN, SHANDRA A  
Address: P.O. BOX 585  
City-St-Zip: ALTHA, FL 32421

**ADDITIONS/CHANGES:**

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

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

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

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: THOMAS O. AYERS

MGR

04/07/2008

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