2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000650

Entity Name: AYERS ENTERPRISES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
18185 N.E. B.E. BARFIELD ROAD ALTHA, FL 32421	

Current Mailing Address:	**New Mailing Address:**
18185 N.E. B.E. BARFIELD ROAD ALTHA, FL 32421	

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

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
AYERS, THOMAS O 18185 N.E. B.E. BARFIELD ROAD ALTHA, FL 32421 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		Title:	( ) Change ( ) Addition
Name:	AYERS, THOMAS O		Name:	
Address:	18185 N.E. B.E. BARFIELD ROAD		Address:	
City-St-Zip:	ALTHA, FL 32421		City-St-Zip:	
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	AYERS, CONNIE F		Name:	
Address:	18185 N.E. B.E. BARFIELD ROAD		Address:	
City-St-Zip:	ALTHA, FL 32421		City-St-Zip:	
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	ROBERTS, LUNDEN L		Name:	
Address:	27883 N.E. CR 69A		Address:	
City-St-Zip:	ALTHA, FL 32421		City-St-Zip:	
Title:	MGR ( ) Delete		Title:	( ) Change ( ) Addition
Name:	OBRYAN, SHANDRA A		Name:	
Address:	P.O. BOX 585		Address:	
City-St-Zip:	ALTHA, FL 32421		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   01/15/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date