

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008026

FILED
May 03, 2009
Secretary of State

Entity Name: MELFI FARM ALPACAS & POODLES, LLC

Current Principal Place of Business:

11050 SEA TROPIC LANE
FT. MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

11050 SEA TROPIC LANE
FT. MYERS, FL 33908 US

New Mailing Address:

FEI Number: 20-8283157 FEI Number Applied For () FEI Number Not Applicable () 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:

MELFI, CODY
11050 SEA TROPIC LANE
FT. MYERS, FL 33908 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:

Title: MGR () Delete
Name: MELFI, NICHOLAS
Address: 11050 SEA TROPIC LANE
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM () Delete
Name: MELFI, CODY
Address: 11050 SEA TROPIC LANE
City-St-Zip: FT. MYERS, FL 33908 US

ADDITIONS/CHANGES:

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: NICHOLAS MELFI

MR

05/03/2009

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