# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# L07000017992

**Entity Name:** OUR SONS, LLC

**Current Principal Place of Business:**

20 HARBOUR ISLE DR. WEST #PH04
FT. PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

20 HARBOUR ISLE DR. WEST #PH04
FT. PIERCE, FL 34949

**New Mailing Address:**

**FEI Number: 20-8456648** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM ( ) Delete
Name: COUCH, JERRY
Address: 00 HARBOUR ISLE DR. WEST #04
City-St-Zip: FT. PIERCE, FL 34949

Title: S ( ) Delete
Name: COUCCH, NANCYH J
Address: 20 HARBOUR ISLE DR WEST PH04
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES:**

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

Title: S (X) Change ( ) Addition
Name: COUCH, NANCY J
Address: 20 HARBOUR ISLE DR WEST PH04
City-St-Zip: FORT PIERCE, FL 34949

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: JERRY COUCH MGMR 01/12/2009

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