

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000028751

FILED
Mar 31, 2009
Secretary of State**Entity Name:** ANDERSON & SONS, LLC**Current Principal Place of Business:**1213 N. DUNKENFIELD AVE
CRYSTAL RIVER, FL 34429**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1031
CRYSTAL RIVER, FL 34423**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDERSON, ERIC
1213 N. DUNKENFIELD AVE
CRYSTAL RIVER, FL 34429 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 (X) Delete
Name: ANDERSON, ROBBIE
Address: 1213 N. DUNKENFIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 USTitle: MGRM () Delete
Name: ANDERSON, CHRISTOPHER
Address: 1213 N. DUNKENFIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 USTitle: MGRM () Delete
Name: ANDERSON, ERIC
Address: 1213 N. DUNKENFIELD AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 US**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:

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: ERIC ANDERSON

MGRM

03/31/2009

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