

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032442

Entity Name: HUXELL GROUP, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

625 WHISPER RIDGE LOOP  
DAVENPORT, FL 33897 US

**New Principal Place of Business:**

568 FAIRHAVEN DRIVE  
DAVENPORT, FL 33837 US

**Current Mailing Address:**

PO BOX 135215  
CLERMONT, FL 34713 US

**New Mailing Address:**

FEI Number: 20-8716852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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: HUXELL, DELIA  
Address: 625 WHISPER RIDGE LOOP  
City-St-Zip: DAVENPORT, FL 33897 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUXELL, DELIA  
Address: 568 FAIRHAVEN DRIVE  
City-St-Zip: DAVENPORT, FL 33837 US

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: DELIA HUXELL

MGRM

04/29/2009

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