

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045441

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: KATHY HENDRICKSON, C.P.A., P.L.

**Current Principal Place of Business:**

5126 NW 24TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5546  
GAINESVILLE, FL 326275546

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HENDRICKSON, KATHY  
5126 NW 24TH TERRACE  
GAINESVILLE, FL 32605 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: MGR ( ) Delete  
Name: HENDRICKSON, KATHY  
Address: 5126 NW 24TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

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: KATHY HENDRICKSON

MGR

01/11/2009

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