

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049176

Entity Name: C.B. PULLEN GROVES, LLC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

2605 HUTCHINS ROAD
FORT MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

2605 HUTCHINS ROAD
FORT MEADE, FL 33841

New Mailing Address:

3325 COUNTY ROAD 664 W
BOWLING GREEN, FL 33834

FEI Number: 30-0430807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNLAP, GEORGE T III
245 SOUTH CENTRAL AVENUE
BARTOW, FL 33830 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: PULLEN, CHANDLER B
Address: 2605 HUTCHINS ROAD
City-St-Zip: FORT MEADE, FL 33841

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ABERNATHY, SANDRA P
Address: 3325 COUNTY ROAD 664 W
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: V.PR () Change (X) Addition
Name: PULLEN, WILLIAM B
Address: P. O. BOX 208
City-St-Zip: FT. MEADE, FL 33841 US

Title: SEC () Change (X) Addition
Name: DUVA, SUSAN P
Address: 11306 LOCH LOMAND
City-St-Zip: RIVERVIEW, FL 33569 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: SANDRA PULLEN ABERNATHY

PRES

04/10/2009

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