2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L07000052775

Entity Name: CHILLIN FEED LLC

Current Principal Place of Business:

13366 24TH CT. N.
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

13366 24TH CT. N.
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 71-1032772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILCUTT, COREY W
13366 24TH CT. N.
LOXAHATCHEE, FL 33470 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: CHILCUTT, COREY W
Address: 13366 24TH CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR ( ) Delete
Name: CHILCUTT, CHELSEA C
Address: 13366 24TH CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGR (X) Delete
Name: MOORE, VICKI W
Address: 13366 24TH CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: MOORE, VICKI W
Address: 13366 24TH CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: COREY W CHILCUTT MGRM 03/12/2009

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