

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057239

Entity Name: CALLAWAY DIVA'S LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

6823 E HWY 22
PANAMA CITY, FL 32404 US

New Principal Place of Business:

235 N TYNDALL PARKWAY
PANAMA CITY, FL 32404 US

Current Mailing Address:

6823 E HWY 22
PANAMA CITY, FL 32404 US

New Mailing Address:

235 N TYNDALL PARKWAY
PANAMA CITY, FL 32404 US

FEI Number: 26-0448544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

SHACKLEFORD, JUDITH A MGRM
235 N TYNDALL PARKWAY
PANAMA CITY, FL 32404 US

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: JUDITH A. SHACKLEFORD

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHACKLEFORD, JUDITH A
Address: 527 J H CREWS CIRCLE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM () Delete
Name: SHACKLEFORD, KEVIN R
Address: 527 J H CREWS CIRCLE
City-St-Zip: PANAMA CITY, FL 32404 US

ADDITIONS/CHANGES:

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: JUDITH A. SHACKLEFORD

MGRM

01/12/2009

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