

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070119

Entity Name: ANDERSON & WALKER, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

135 STAFF DR
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

4516 HWY 20 E. UNIT 187
NICEVILLE, FL 32578

Current Mailing Address:

135 STAFF DR
FORT WALTON BEACH, FL 32548

New Mailing Address:

4516 HWY 20 E. UNIT 187
NICEVILLE, FL 32578

FEI Number: 26-0622441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPENCE, RICHARD L
216 HUDSON CIR
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

RICHARD, SPENCE L
4516 HWY 20 E. UNIT 186
NICEVILLE, FL 32578 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: RICHARD L. SPENCE

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPENCE, RICHARD L
Address: 216 HUDSON CIR
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: ANDERSON, JEFFREY D
Address: 1217 AIRPORT ROAD #418
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ANDERSON, JEFFREY D
Address: 4516 HWY 20. E. UNIT 186
City-St-Zip: NICEVILLE, FL 32578

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: RICHARD L. SPENCE

MGM

04/29/2009

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