

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077688

FILED
Jan 16, 2009
Secretary of State

Entity Name: BUNNELL WINDS LLC

Current Principal Place of Business:

18 UTILITY DR
PALM COAST, FL 32135 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 354425
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 26-0620035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROTTY, KATHLEEN L
5 UTILITY DRIVE
11
PALM COAST, FL 32137 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: CLINE, SAMUEL E
Address: P.O. BOX 625
City-St-Zip: BUNNELL, FL 32110

Title: MGR () Delete
Name: CLINE, DIANE J
Address: P.O. BOX 262
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR () Delete
Name: SOWERS, SCOTT D
Address: 1093 CR13
City-St-Zip: BUNNELL, FL 32110

Title: MGR () Delete
Name: BOUILLON, LORRAINE
Address: 907 CR 13
City-St-Zip: BUNNELL, FL 32210

Title: MGR () Delete
Name: CAMERON, CHARLES M JR.
Address: 25 WESTMAYER PL
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR () Delete
Name: CHALKEY, CELENA
Address: 2 CROMPTON PLACE
City-St-Zip: PALM COAST, FL 32136

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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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: LORRAINE BOUILLON

MGR

01/16/2009

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