

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000080055

Entity Name: OWEN F. BAYNARD, L.L.C.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1517 NORTH YOUNG BOULEVARD  
CHIEFLAND, FL 32644

**New Principal Place of Business:**

2 SOUTH MAIN STREET  
CHIEFLAND, FL 32626

**Current Mailing Address:**

P. O. BOX 1535  
CHIEFLAND, FL 32644 15

**New Mailing Address:**

P. O. BOX 1535  
CHIEFLAND, FL 32644

FEI Number: 26-0650452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAYNARD, OWEN F  
1517 NORTH YOUNG BLVD.  
CHIEFLAND, FL 32626 US

**Name and Address of New Registered Agent:**

BAYNARD, OWEN F  
2 SOUTH MAIN STREET  
CHIEFLAND, FL 32626 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: OWEN F. BAYNARD

01/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAYNARD, OWEN F  
Address: P. O. BOX 1535  
City-St-Zip: CHIEFLAND, FL 32644

I hereby 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: OWEN F. BAYNARD

MGR

01/12/2010

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