

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088473

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: HOLBECK AND ASSOCIATES, LLC

## Current Principal Place of Business:

3910 SW 54TH COURT  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 770955  
OCALA, FL 34477

## New Mailing Address:

FEI Number: 26-1178774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOLLOWAY, MARSHA K  
3910 SW 54TH COURT  
OCALA, FL 34474 US

## Name and Address of New Registered Agent:

MCCORD, LAUREN  
3910 SW 54TH COURT  
OCALA, FL 34474 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: LAUREN MCCORD

01/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HOLLOWAY, MARSHA K  
Address: PO BOX 770955  
City-St-Zip: Ocala, FL 34477

Title: MGR ( ) Delete  
Name: SIELBECK, LINDA  
Address: PO BOX 770955  
City-St-Zip: Ocala, FL 34477

Title: MGR ( ) Delete  
Name: BROWN, DANA  
Address: 6908 SE 96TH PL RD  
City-St-Zip: BELLEVUE, FL 34420

Title: MGR ( ) Delete  
Name: HOLST, LINDA  
Address: 906 NORTH STRAND  
City-St-Zip: OCEANSIDE, CA 92054

Title: MGR ( ) Delete  
Name: MCCORD, LAUREN  
Address: PO BOX 770955  
City-St-Zip: Ocala, FL 34477

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BROWN, DANA  
Address: BELLEVUE  
City-St-Zip: BELLEVUE, FL 34420

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

Title: MGR (X) Change ( ) Addition  
Name: HOLLOWAY, M K  
Address: PO BOX 770955  
City-St-Zip: Ocala, FL 34477

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: LAUREN MCCORD

MGR

01/15/2009

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