

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118338

FILED
Apr 30, 2009
Secretary of State

Entity Name: BROKEN CHAIN, LLC.

Current Principal Place of Business:

4952 BARLEY STREET
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4952 BARLEY STREET
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 26-1473483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, JOHN W
4952 BARLEY STREET
MIDDLEBURG, FL 32068 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: P,T () Delete
Name: BARBER, JOHN W
Address: 4952 BARLEY STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP,S () Delete
Name: MILAM, JASON A
Address: 141 OLD JENNINGS ROAD
City-St-Zip: ORANGE PARK, FL 32065

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: JOHN W BARBER

P,T

04/30/2009

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