

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119026

FILED
Apr 15, 2009
Secretary of State

Entity Name: BAD CREEKS RISING RECORDS, LLC

Current Principal Place of Business:

3800 OLD US RD
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

3800 OLD US RD
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 26-1533779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRING, DUANE A
3800 OLD US RD
MARIANNA, FL 32446 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: MGRM () Delete
Name: HERRING, DUANE A
Address: 3800 OLD US RD
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: WATSON, ROBERT C
Address: 315 CANEMILL RD
City-St-Zip: COTTONWOOD, AL 36320

Title: MGRM () Delete
Name: SCULLY, JOHN D
Address: 5177 LYNCH DR
City-St-Zip: MARIANNA, FL 32446

Title: MGRM () Delete
Name: ROBERTS, JESSE C
Address: 3458 RIVER RD
City-St-Zip: SNEADS, FL 32460

Title: MGRM () Delete
Name: JOHNSON, RANDALL
Address: 3149 4TH STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES:

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

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

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

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: DUANE A. HERRING

MGRM

04/15/2009

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