

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121386

Entity Name: VOELKER SURVEYING, LLC

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

605 N COUNTY HWY 393  
UNIT 9B  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

605 N COUNTY HWY 393  
UNIT 9B  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 35-2319080      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

VOELKER, MICHELLE T  
9845 COUNTY HWY 183 SOUTH  
PONCE DE LEON, FL 32455      US

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

VOELKER, MICHELLE T  
1651 MAGNOLIA ROAD  
PONCE DE LEON, FL 32455      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: \_\_\_\_\_

Electronic Signature of Registered Agent

06/16/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: VOELKER, RONALD J JR  
Address: 605 N COUNTY HWY 393  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR      ( ) Delete  
Name: VOELKER, MICHELLE T  
Address: 9845 COUNTY HWY 183 SOUTH  
City-St-Zip: PONCE DE LEON, FL 32455

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: VOELKER, MICHELLE T  
Address: 1651 MAGNOLIA ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

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: MICHELLE VOELKER

MNGR

06/16/2009

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