

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123070

Entity Name: CROSS-EYED FISH LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

411 NORTH MAIN STREET
GALAX, VA 24333

New Principal Place of Business:

3512 EAST SILVER SPRINGS BLVD
112
OCALA, FL 34470

Current Mailing Address:

411 NORTH MAIN STREET
GALAX, VA 24333

New Mailing Address:

3512 EAST SILVER SPRINGS BLVD
112
OCALA, FL 34470

FEI Number: 26-1553015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, E NICHOLAS III
6899 LUCCA STREET
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WHITESTONE CONSULTING GROUP
3512 EAST SILVER SPRING BLVD
#112
OCALA, FL 34470 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: DEBORAH D HOLTON

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: BARTLETT, WILLIAM S JR
Address: 411 NORTH MAIN STREET
City-St-Zip: GALAX, VA 24333

Title: MGR () Delete
Name: WHITESTONE CONSULTIN, G GROUP LLC
Address: 3154 SE THIRD STREET
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: WHITESTONE CONSULTIN, G GROUP LLC
Address: 3154 SE THIRD STREET
City-St-Zip: OCALA, FL 34471

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: DEBORAH D HOLTONG

MGMR

04/01/2009

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