

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124708

Entity Name: BILLINGSLEY FARMS, LLC

FILED  
Apr 24, 2010  
Secretary of State

**Current Principal Place of Business:**

10421 MCCRACKEN ROAD  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

12742 OAK FARMS DR.  
OAK HILL, VA 20171

**New Mailing Address:**

FEI Number: 26-3236391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BILLINGSLEY, JULIAN L  
10421 MCCRACKEN ROAD  
TALLAHASSEE, FL 32309 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: MGR  
Name: BILLINGSLEY, JULIAN L  
Address: 10421 MCCRACKEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR  
Name: BILLINGSLEY, KATRINA L  
Address: 12742 OAK FARMS DR.  
City-St-Zip: OAK HILL, VA 20171

Title: MEMB  
Name: EGANHOUSE, ROBERT P  
Address: 12742 OAK FARMS DR.  
City-St-Zip: OAK HILL, VA 20171

Title: MEMB  
Name: BILLINGSLEY, JULIE A  
Address: 3046 HINCHMAN RD  
City-St-Zip: BRIDGMAN, MI 49106

Title: MEMB  
Name: EGANHOUSE, MATTHEW  
Address: 12742 OAK FARMS DR.  
City-St-Zip: OAK HILL, VA 20171

Title: MEMB  
Name: MITCHELL, JENNIFER  
Address: 3046 HINCHMAN RD.  
City-St-Zip: BRIDGMAN, MI 49106

I hereby 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: KATRINA BILLINGSLEY

MGR

04/24/2010

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