2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000004347

Entity Name: U&ME, LLC

Current Principal Place of Business:

55 HURRICAN DRIVE
DEFUNIAK SPRINGS, FL 32433

New Principal Place of Business:

55 HURRICANE DRIVE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

PO BOX 1791
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, WILLIAM H
664 BALDWIN AVE
DEFUNIAK SPRINGS, FL 32433 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR ( ) Change (X) Addition
Name: RUSSELL, JAMES A
Address: 55 HURRICANE DR
City-St-Zip: DEFUINAK SPRINGS, FL 32433

Title: MRS ( ) Change (X) Addition
Name: RUSSELL, SHERRY L
Address: 55 HURRICANE DR
City-St-Zip: DEFUINAK SPRINGS, FL 32433

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: JAMES A RUSSELL MR. 01/07/2009

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