

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005349

Entity Name: ELLISPOWERS, LLC

FILED  
Feb 12, 2009  
Secretary of State

**Current Principal Place of Business:**

8199 NE 232ND PLACE  
CITRA, FL 32113

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 305  
ORANGE SPRINGS, FL 32182

**New Mailing Address:**

P.O. BOX 613  
ORANGE SPRINGS, FL 32182

FEI Number: 74-3247760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

POWERS, NATALIE S III  
8199 NE 232ND PLACE  
CITRA, FL 32113 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: POWERS, NATALIE S III  
Address: 8199 NW 232ND PLACE  
City-St-Zip: CITRA, FL 32113

**ADDITIONS/CHANGES:**

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: NS POWERS III

MGRM

02/12/2009

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