

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014733

Entity Name: SUE E. SAMS, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

650 JAMESTOWN AVE
THE VILLAGES, FL 32162

New Principal Place of Business:

650 JAMESTON AVE
THE VILLAGES, FL 32162

Current Mailing Address:

14 CROWNRISE RD
WESTBOROUGH, MA 01581

New Mailing Address:

FEI Number: 26-1980232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SKATES, JEFFREY P ESA
1950 LAUREL MANOR DR
STE 140
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

SKATES, JEFFREY P ESA
1950 LAUREL MANOR DR
STE 140
THE VILLAGES, FL 32162 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMS, MICHAEL P
Address: 14 CROWNRISE RD
City-St-Zip: WESTBOROUGH, MA 01581

Title: MGRM () Delete
Name: SAMS, DAVID A
Address: 859 EBENEZER FARM CIR
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAMS, MICHAEL P
Address: 14 CROWNRISE RD
City-St-Zip: WESTBOROUGH, MA 01581

Title: MGRM (X) Change () Addition
Name: SAMS, DAVID A
Address: 1859 EBENEZER FARM CIR
City-St-Zip: MARIETTA, GA 30066

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: MICHAEL P. SAMS

MGRM

01/08/2009

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