

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016410

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** CATHERINE HUDSON BLOODSTOCK LLC

**Current Principal Place of Business:**

7742 NW 49TH ST RD  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

7742 NW 49TH ST RD  
OCALA, FL 34482 US

**New Mailing Address:**

FEI Number: 26-1995270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HUDSON, CATHERINE A  
7742 NW 49TH ST RD  
OCALA, FL 34482 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:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: HUDSON, CATHERINE A  
Address: 7742 NW 49TH ST RD  
City-St-Zip: Ocala, FL 34482 US

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: CATHERINE HUDSON      P      03/20/2009

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