

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018661

FILED  
May 22, 2009  
Secretary of State

**Entity Name:** PETE AND GLORIA INMAN, LLC

**Current Principal Place of Business:**

5508 EUGENE DRIVE  
ZEPHYRHILLS, FL 33542 US

**New Principal Place of Business:**

**Current Mailing Address:**

5508 EUGENE DRIVE  
ZEPHYRHILLS, FL 33542 US

**New Mailing Address:**

**FEI Number:** 26-2014844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INMAN, PETER  
Address: 5508 EUGENE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

Title: MGRM ( ) Delete  
Name: INMAN, GLORIDA J  
Address: 5508 EUGENE DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33542 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER INMAN

CEO

05/22/2009

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