

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034195

**FILED**  
**Feb 26, 2010**  
**Secretary of State**

**Entity Name:** BELL'S COUNTRY STORE, L.L.C.

**Current Principal Place of Business:**

4483 STATE HWY 83 N  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

4483 STATE HWY 83 N  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 26-2490558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELL, LARRY W MANAGER  
4483 STATE HWY 83 N  
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:** MGRM  
**Name:** BELL, LARRY W  
**Address:** 165 COUNTRY MANOR ROAD  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435

**Title:** MGRM  
**Name:** MERRIFIELD, WANDA D  
**Address:** 4483 STATE HWY 83 N  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

I hereby 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:** LARRY BELL

PRES

02/26/2010

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