

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037931

Entity Name: VON HOENE LAW FIRM, P.L.L.C.

FILED  
Jan 13, 2009  
Secretary of State

**Current Principal Place of Business:**

31 WHISPERING PINES CT.  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1527  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

FEI Number: 26-2718864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VON HOENE, SUSAN I  
31 WHISPERING PINES CT.  
SANTA ROSA BEACH, FL 32459 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: VON HOENE, SUSAN  
Address: P. O. BOX 1527  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

**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: SUSAN VON HOENE

MGRM

01/13/2009

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