

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000040234

Entity Name: PURDY DIRT, LLC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

739 MYRTRLE AVE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

739 MYRTRLE AVE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

105 HARBOR FARMS COURT
PALATKA, FL 32177

FEI Number: 26-2465781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORRIS, LEAH L
739 MYRTRLE AVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

NORRIS, LEAH L
105 HARBOR FARMS COURT
PALATKA, FL 32177 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWSOME, JOHNNY
Address: 739 MYRTRLE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGRM () Delete
Name: NORRIS, LEAH L
Address: 739 MYRTRLE AVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NEWSOME, JOHNNY
Address: 105 HARBOR FARMS COURT
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM (X) Change () Addition
Name: NORRIS, LEAH L
Address: 105 HARBOR FARMS COURT
City-St-Zip: PALATKA, FL 32177 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: LEAH NORRIS

MGRM

04/30/2009

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