

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047861

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE BROCK GROUP, LLC

Current Principal Place of Business:

802 W. HWY 390
LYNN HAVEN, FL 32444 US

New Principal Place of Business:

Current Mailing Address:

802 W. HWY 390
LYNN HAVEN, FL 32444 US

New Mailing Address:

FEI Number: 26-3565684 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, TIMOTHY S
802 W. HWY 390
LYNN HAVEN, FL 32444 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: BROCK, TIMOTHY S
Address: 802 W. HWY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: H. DOUGLAS BROCK & JUDY M. BROCK, AS CO-TR
Address: 802 W. HWY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BROCK, TIMOTHY S
Address: 802 W. HWY 390
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: CEO (X) Change () Addition
Name: BROCK, HUEY D
Address: 802 W. HWY 390
City-St-Zip: LYNN HAVEN, FL 32444 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: TIMOTHY S BROCK

PRES

04/08/2009

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