

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051598

FILED  
Mar 01, 2009  
Secretary of State

Entity Name: DAVID R ANIBLE LLC

**Current Principal Place of Business:**

58 SIOUX CIRCLE  
HAVANA, FL 32333

**New Principal Place of Business:**

1537 PAUL RUSSELL ROAD  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 12216  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 26-2698547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

BENFIELD, RON  
58 SIOUX CIRCLE  
HAVANA, FL 32333      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: ANIBLE, DAVID R  
Address: P.O. BOX 12216  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANIBLE, DAVID R  
Address: P.O. BOX 12216  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGR ( ) Change (X) Addition  
Name: ANIBLE, OKSANA I  
Address: P.O. BOX 12216  
City-St-Zip: TALLAHASSEE, FL 32317 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: DAVID ROBERT ANIBLE

MGRM

03/01/2009

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