

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051735

FILED
Apr 24, 2009
Secretary of State

Entity Name: MOUNTAIN LIGHT CABINS LLC

Current Principal Place of Business:

4617 GARY AVENUE
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

4617 GARY AVENUE
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARRETT, THOMAS
4617 GARY AVENUE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

SHARRETT, THOMAS E
4617 GARY AVENUE
LAKELAND, FL 33803 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: THOMAS SHARRETT

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARRETT, THOMAS
Address: 4617 GARY AVENUE
City-St-Zip: LAKELAND, FL 33803 US

Title: MGRM () Delete
Name: SHARRETT, JANET
Address: 4617 GARY AVENUE
City-St-Zip: LAKELAND, FL 33803 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANET SHARRETT

MGRM

04/24/2009

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