

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063937

FILED
Jan 06, 2009
Secretary of State

Entity Name: EXECUTIVE BULLION LLC

Current Principal Place of Business:

12995 S. CLEVELAND AVENUE #235-A
FORT MYERS, FL 33907

New Principal Place of Business:

12995 S. CLEVELAND AVENUE
SUITE 234
FORT MYERS, FL 33907

Current Mailing Address:

12995 S. CLEVELAND AVENUE #235-A
FORT MYERS, FL 33907

New Mailing Address:

12995 S. CLEVELAND AVENUE
SUITE 234
FORT MYERS, FL 33907

FEI Number: 26-1584578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WINNIE, DAVID
22644 WESTBRIDGE COURT
ESTERO, FL 33928 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: BARKER, AUSTIN
Address: 36 FIRST STREET
City-St-Zip: BONITA SPRINGS, FL 34124

Title: MGRM () Delete
Name: WATERS, CARL S
Address: 1630 SW 4TH AVENUE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM () Delete
Name: WINNIE, DAVIE
Address: 33644 WESTBRIDGE COURT
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

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

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: DAVID WINNIE

MGRM

01/06/2009

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