

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071655

Entity Name: EKBLOM COMPANIES LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

154 FONTAINE DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

154 FONTAINE DRIVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 61-1568329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

EKBLOM, JACQUELYN
154 FONTAINE DR.
TAVERNIER, FL 33070 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: JACQUELYN EKBLOM

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EKBLOM, JACQUELYN
Address: 154 FONTAINE DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: MGR () Delete
Name: EKBLOM, BRETT
Address: 154 FONTAINE DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: S () Delete
Name: EKBLOM, JACQUELYN
Address: 154 FONTAINE DRIVE
City-St-Zip: TAVERNIER, FL 33070

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: JACQUELYN EKBLOM

MGR

01/08/2009

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