

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075608

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DOUGLAS BUTIKOFER SERVICES, LLC

## Current Principal Place of Business:

8 FLORIDELPHIA  
APT #C  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 43  
COCOA, FL 32923

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIFOSS, ROBIN E  
1909 S. BABCOCK STREET  
MELBOURNE, FL 32901 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: MGR ( ) Delete  
Name: BUTIKOFER, DOUGLAS  
Address: 8 FLORIDELPHIA, APT#C  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGRM ( ) Delete  
Name: WAXLER, WILLIAM K  
Address: 950 SANDPIPER LANE #5  
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGRM ( ) Delete  
Name: EMERSON, COLIN  
Address: 768 BOUGANVILLEA LANE  
City-St-Zip: VERO BEACH, FL 32963 US

## 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: DOUGLAS BUTIKOFER

MGR

04/30/2009

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