

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081091

Entity Name: ENTRECOT, L.L.C.

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

415 NORTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

415 NORTH MONROE STREET  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 26-3233324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PACE, JOSH F  
415 NORTH MONROE STREET  
TALLAHASSEE, FL 32301 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: PACE, JOSH F  
Address: 1417 FREDRICK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGRM ( ) Delete  
Name: KITTRELL HOLDINGS, L, LC  
Address: 311 EAST JENNINGS STREET  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM ( ) Delete  
Name: BURNETTE HOLDINGS, L, LC  
Address: 311 EAST JENNINGS STREET  
City-St-Zip: TALLAHASSEE, FL 32301 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: JOSH PACE

MGR

03/20/2009

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