

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083773

FILED
May 04, 2009
Secretary of State

Entity Name: BONNIE POWELL & ASSOCIATES LLC

Current Principal Place of Business:

535 JAMESON ROAD
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

535 JAMESON ROAD
LITHIA, FL 33547

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POWELL, BONNIE D
535 JAMESON ROAD
LITHIA, FL FL 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POWELL, BONNIE D
Address: 535 JAMESON ROAD
City-St-Zip: LITHIA, FL 33547

Title: MGR () Delete
Name: POWELL, ROBERT D
Address: 535 JAMESON ROAD
City-St-Zip: LITHIA, FL 33547

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: ROBERT D POWELL

MGR

05/04/2009

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