2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L08000084461

Entity Name: STEPHENS & CUPP ENTERPRISES, LLC

Current Principal Place of Business:

5795 DANDELION LN
PENSACOLA, FL 32526

New Principal Place of Business:

5795 DANDELION LN
PENSACOLA, FL 32526 US

Current Mailing Address:

5795 DANDELION LN
PENSACOLA, FL 32526

New Mailing Address:

5795 DANDELION LN
PENSACOLA, FL 32526 US

FEI Number: 26-3295577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASS & SANDFORT ACCOUNTANTS, PA
1301 W GARDEN ST
PENSACOLA, FL 32502 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: STEPHENS, CLINTON M
Address: 5795 DANDELION LN
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete
Name: STEPHENS, TRAVIS W
Address: 5795 DANDELION LN
City-St-Zip: PENSACOLA, FL 32526

Title: MGRM ( ) Delete
Name: CUPP, JAMES L
Address: 5795 DANDELION LN
City-St-Zip: PENSACOLA, FL 32526

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: CLINTON M STEPHENS MGRM 03/16/2009

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