

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087758

FILED
Jan 06, 2009
Secretary of State

Entity Name: MEN OF THE FAMILY L.L.C.

Current Principal Place of Business:

1849 NICKLAUS DR., APT. 1
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1020 RUSTLING PINES BLVD.
MIDWAY, FL 32343

New Mailing Address:

FEI Number: 26-1201402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLSON, THADDEUS J.
1849 NICKLAUS DR., APT. 1
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: MGR () Delete
Name: BRYANT, TIM
Address: 1849 NICKLAUS DR., APT. 1
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Delete
Name: RHODES, OBIDIAH
Address: 1435 KINGFORD AVE.
City-St-Zip: TALLAHASSEE, FL 32310

Title: MGR () Delete
Name: WHITAKER, CROSBY
Address: 2154 BURNT PINES LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGR () Delete
Name: BAITY, SHELLY
Address: 5560 DAYFLOWER CIR
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGR () Delete
Name: ADAMS, BRUCE
Address: 3431 CHATEAU DR
City-St-Zip: SAN ANTONIO, TX 78219

Title: MGR () Delete
Name: EVANS, RAMON
Address: 1020 RUSTLING PINES BLVD.
City-St-Zip: MIDWAY, FL 32343

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: EVANS, WENDELL R
Address: 1020 RUSTLING PINES BLVD.
City-St-Zip: MIDWAY, FL 32343

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: WENDELL R. EVANS

MGR

01/06/2009

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