

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090838

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** WAYLON J. OVERSTREET LIVESTOCK LLC

**Current Principal Place of Business:**

4420 JOE OVERSTREET ROAD  
KENANSVILLE, FL 347399550

**New Principal Place of Business:**

**Current Mailing Address:**

4420 JOE OVERSTREET ROAD  
KENANSVILLE, FL 347399550

**New Mailing Address:**

1609 13TH STREET  
SAINT CLOUD, FL 34769 US

**FEI Number:** 26-3427901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AM&E SERVICES LLC  
605 EAST ROBINSON STREET, SUITE 730  
ORLANDO, FL 328012007 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: OVERSTREET, WAYLON J MR.  
Address: 4859 JOE OVERSTREET ROAD  
City-St-Zip: KENANSVILLE, FL 34739 US

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:** WAYLON OVERSTREET

MR.

01/15/2009

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