2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000094184

Entity Name: ODELL'S PLACE,L.L.C.

Current Principal Place of Business:

11850 US HWY 19 N
7
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

189 HAGUE CT
SPRING HILL, FL 34606

New Mailing Address:

FEI Number: 80-0279960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODELL-HICKS, ROBIN E
189 HAGUE CT
SPRING HILL, FL 34606 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: ODELL-HICKS, ROBIN E
Address: 189 HAGUE CT
City-St-Zip: SPRING HILL, FL 34606

Title: MGR ( ) Delete
Name: HICKS, CASEY
Address: 189 HAGUE CT
City-St-Zip: SPRING HILL, FL 34606

Title: MGR ( ) Delete
Name: ODELL, MELISSA R
Address: 189 HAGUE CT
City-St-Zip: SPRING HILL, FL 34606

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: ROBIN E ODELL-HICKS MGR 04/27/2009

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