

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102263

Entity Name: NEAL & COMPANY, LLC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1401 E. BELMONT STREET
PENSACOLA, FL 32501

New Principal Place of Business:

500 E. HEINBERG STREET
PENSACOLA, FL 32502

Current Mailing Address:

1401 E. BELMONT STREET
PENSACOLA, FL 32501

New Mailing Address:

500 E. HEINBERG STREET
PENSACOLA, FL 32502

FEI Number: 26-3713417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHEM, WILLIAM H.
501 COMMENDENCIA STREET
C/O BEGGS & LANE, RLLP
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: MGR () Delete
Name: NEAL, DON
Address: 500 E. HEINBERG STREET
City-St-Zip: PENSACOLA, FL 32502

Title: MGR () Delete
Name: TERHAAR, RICHARD A
Address: 1401 E. BELMONT STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGR () Delete
Name: CRONLEY, THOMAS E
Address: 1401 E. BELMONT STREET
City-St-Zip: PENSACOLA, FL 32501

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: DONALD C. NEAL

MGR

03/24/2009

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