

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110584

Entity Name: INDIAN RIVER CUTLERY, LLC

FILED  
Jul 03, 2009  
Secretary of State

## Current Principal Place of Business:

3257 OLEANDER AVENUE  
UNIT B-3  
FORT PIERCE, FL 34982

## New Principal Place of Business:

## Current Mailing Address:

3257 OLEANDER AVENUE  
UNIT B-3  
FORT PIERCE, FL 34982

## New Mailing Address:

FEI Number: 26-3747964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

JOHNSON, MICHELENE A  
4224 ABERFOYLE AVE.  
FORT PIERCE, FL 34947      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: JOHNSON, MICHELENE A  
Address: 4224 ABERFOYLE AVENUE  
City-St-Zip: FORT PIERCE, FL 34947 US

Title: MGRM ( ) Delete  
Name: JOHNSON, RALPH E JR  
Address: 1050 CRYSTAL WAY, UNIT K  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGRM ( ) Delete  
Name: JOHNSON, RALPH E SR  
Address: 4224 ABERFOYLE AVENUE  
City-St-Zip: FORT PIERCE, FL 34947 US

## 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: MICHELENE JOHNSON

MGRM

07/03/2009

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