

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110997

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: THE STRICKLAND FAMILY, LLC

**Current Principal Place of Business:**

1624 18TH ST.  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1624 18TH ST.  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 26-3815312

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STRICKLAND, ROGER T  
1624 18TH ST.  
NICEVILLE, FL 32578 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: STRICKLAND, ANNA  
Address: 20 RIVER ROAD #11-D  
City-St-Zip: NEW YORK, NY 10044

Title: MGRM ( ) Delete  
Name: GEMIGNANI, JANIS  
Address: 144 S. 3RD ST. #627  
City-St-Zip: SAN JOSE, CA 95112

Title: MGRM ( ) Delete  
Name: STRICKLAND, ROBERT M  
Address: 10733 CROSS SCHOOL RD.  
City-St-Zip: RESTON, VA 22091

Title: MGRM ( ) Delete  
Name: STRICKLAND, ROGER T  
Address: 1624 18TH ST.  
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete  
Name: STRICKLAND, MARK F  
Address: 640 CARR DR.  
City-St-Zip: NICEVILLE, FL 32578

**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:

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: JANIS GEMIGNANI

PRES

03/23/2009

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