

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112290

Entity Name: EDDIE L. STOVALL, LLC

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

147 EAST ORANGE AVE.  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 4026  
LAKE WALES, FL 33859 US

**New Mailing Address:**

FEI Number: 26-3866640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOVALL, EDDIE L  
147 EAST ORANGE AVE.  
LAKE WALES, FL 33853 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: STOVALL, EDDIE  
Address: P. O. BOX 4026  
City-St-Zip: LAKE WALES, FL 33859 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STOVALL, EDDIE L  
Address: 147 EAST ORANGE AVE.  
City-St-Zip: LAKE WALES, FL 33859 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: EDDIE L. STOVALL

OWNE

03/19/2009

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