

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019728

Entity Name: FOWLERS BLUFF, LLC

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1627 ST. JOHNS AVENUE, SUITE 4  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

1627 N. YOUNG BLVD.  
CHIEFLAND, FL 32626

**Current Mailing Address:**

PO BOX 406  
CHIEFLAND, FL 32644

**New Mailing Address:**

FEI Number: 26-4366636

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YONG, FRANK J  
4575 ST. JOHNS AVENUE, SUITE 4  
JACKSONVILLE, FL 32210 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  
Name: DRUMMOND, G. LUTHER  
Address: PO BOX 406  
City-St-Zip: CHIEFLAND, FL 32644

Title: MGRM  
Name: DRUMMOND, KAY S  
Address: PO BOX 406  
City-St-Zip: CHIEFLAND, FL 32644

I hereby 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: LUTHER DRUMMOND

MGRM

04/09/2011

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