

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000101786

**FILED
Apr 07, 2010
Secretary of State**

Entity Name: EILEENMERE, LLC

Current Principal Place of Business:

125 ANKONY FARMS DRIVE, HWY 17 SOUTH
CLARKESVILLE, GA 30523 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1767
CLARKESVILLE, GA 30523 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LOVELL, VIRGIL E
Address: 125 ANKONY FARMS DRIVE HWY 17 SOUTH
City-St-Zip: CLARKESVILLE, GA 30523 US

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: VIRGIL E. LOVELL

MGRM

04/07/2010

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