

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000112351

FILED
May 03, 2010
Secretary of State

Entity Name: MADIE B. LLC

Current Principal Place of Business:

6530 HWY 22E
PANAMA CITY, FL 32404

New Principal Place of Business:

6530 HWY 22E
PANAMA CITY, FL 32404 US

Current Mailing Address:

6530 HWY 22E
PANAMA CITY, FL 32404

New Mailing Address:

6530 HWY 22E
PANAMA CITY, FL 32404 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

BLAIR, KENNETH E
2518 E. 15TH CT.
PANAMA CITY, FL 32405 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: BLAIR, JOEY W
Address: 219 N. MARY ELLA AVE.
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM
Name: BLAIR, LYNWARD E
Address: 3096 COUNTY RD 22
City-St-Zip: HEADLAND, AL 36305 US

Title: MGRM
Name: BLAIR, KENNETH
Address: 2918 F 15TH CT.
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM
Name: MARSHALL, ALICE G
Address: 1534 GAINER AVE.
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM
Name: BLAIR, GREGORY A
Address: 4426 TROPICAL DR.
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM
Name: TURPIN, GINA R
Address: 6514 BOATRACE RD
City-St-Zip: PANAMA CITY, FL 32404 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: JOEY BLAIR

MGRM

05/03/2010

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