

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114445

**Entity Name:** EARLEY INVESTMENTS, LLC

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

87 SHARON COURT  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 503  
DEFUNIAK SPRINGS, FL 32425

**New Mailing Address:**

**FEI Number:** 27-3858947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADKINSON, CLAYTON J.M. ESQ.  
41 SOUTH 6TH STREET  
DEFUNIAK SPRINGS, FL 32435 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:** EARLEY, DONALD R  
**Address:** P.O. BOX 503  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435

**Title:** MGRM  
**Name:** EARLEY, CHASE R  
**Address:** P.O. BOX 503  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32435

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:** DONALD R EARELY

MBGR

02/06/2012

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