

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004707

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SAMONS L.L.C.

**Current Principal Place of Business:**

62 COUNTY ROAD 958  
TISHOMINGO, MS 38873 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 664  
CLARCONA, FL 32710 US

**New Mailing Address:**

**FEI Number:** 27-4533265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAMONS, ADAM M  
10105 CLARCONA OCOEE RD  
APOPKA, FL 32703 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:** MGR  
**Name:** SAMONS, ADAM M  
**Address:** 10105 CLARCONA OCOEE RD  
**City-St-Zip:** APOPKA, FL 32703 US

**Title:** MGRM  
**Name:** SAMONS, ALVIS M  
**Address:** 62 COUNTY ROAD 958  
**City-St-Zip:** TISHOMINGO, MS 38873 US

**Title:** MGRM  
**Name:** SAMONS, CAROLYN J  
**Address:** 62 COUNTY ROAD 958  
**City-St-Zip:** TISHOMINGO, MS 38873 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:** ADAM M SAMONS

MGR

04/30/2012

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