2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L99000000550

Entity Name: FLORALA, LLC

Current Principal Place of Business:

720 KRAFT ROAD
LAKELAND, FL 33815

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 807
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-3564326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, JACK JR
720 KRAFT ROAD
LAKELAND, FL 33815 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	( ) Delete
Name:	HARRELL'S, LLC,	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGR	( ) Delete
Name:	RUST, GARY M	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGR	( ) Delete
Name:	HARRELL, JACK R JR	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGR	( ) Delete
Name:	BOYCOTT, BILL	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGR	( ) Delete
Name:	CLEGHORN, ARNOLD	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:	MGR	( ) Delete
Name:	CLINTON, KELLY	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SCHERMERHORN, DAVID	
Address:	720 KRAFT ROAD	
City-St-Zip:	LAKELAND, FL 33815	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GARY M RUST MGR 01/19/2009

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