

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002224

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: EXECUTIVE OUTCOMES, LLC

**Current Principal Place of Business:**

102 NORTH MAIN STREET  
FORTVILLE, IN 46050

**New Principal Place of Business:**

**Current Mailing Address:**

102 NORTH MAIN STREET  
FORTVILLE, IN 46050

**New Mailing Address:**

102 NORTH MAIN STREET  
FORTVILLE, IN 46040

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HUFNAGEL, PAUL  
33 WEST PELICAN STREET  
NAPLES, FL 34113 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: HURLBUTT, TOM  
Address: 102 NORTH MAIN STREET  
City-St-Zip: FORTVILLE, IN 46050

Title: MGRM ( ) Delete  
Name: HUFFMAN, ORVAL  
Address: 102 NORTH MAIN STREET  
City-St-Zip: FORTVILLE, IN 46050

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HURLBUTT, TOM  
Address: 102 NORTH MAIN STREET  
City-St-Zip: FORTVILLE, IN 46040

Title: MGRM (X) Change ( ) Addition  
Name: HUFFMAN, ORVAL  
Address: 102 NORTH MAIN STREET  
City-St-Zip: FORTVILLE, IN 46040

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: ORVAL E. HUFFMAN

MR

02/06/2009

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