2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001949

Entity Name: STEPHENS P&S, LLC

GIPSON, JIMMIE

MGR

2224 E. HIGHWAY 619

COATES, SPENCER

2224 E. HIGHWAY 619

RUSELL SPRINGS, KY 42642

RUSELL SPRINGS, KY 42642

() Delete

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Aug 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2224 E. HIGHWAY 619 RUSELL SPRINGS, KY 42642 **Current Mailing Address: New Mailing Address:** 2224 E. HIGHWAY 619 PO BOX 618 RUSELL SPRINGS, KY 42642 RUSELL SPRINGS, KY 42642 FEI Number: 26-2319757 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition STEPHENS, TERRY L Name: Name: Address: 2224 E. HIGHWAY 619 Address: City-St-Zip: RUSELL SPRINGS, KY 42642 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MANN, RAYYLJR. Name: Address: 2224 E. HIGHWAY 619 Address: City-St-Zip: RUSELL SPRINGS, KY 42642 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: TERRY STEPHENS PRES 08/25/2009