2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# M08000004892

Entity Name: CITRUS PUBLISHING, LLC

Current Principal Place of Business:

150 WEST BRAMBLETON AVE
NORFOLK, VA 23510

New Principal Place of Business:

Current Mailing Address:

150 WEST BRAMBLETON AVE
NORFOLK, VA 23510

New Mailing Address:

FEI Number: 54-1145119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ( ) Delete
Name: ABERNATHY, MICHAEL
Address: 601 TAYLORSVILLE RD
City-St-Zip: SHELBYVILLE, KY 40065

Title: MGR ( ) Delete
Name: FRIDDELL, GUY R III
Address: 150 WEST BRAMBLETON AVE
City-St-Zip: NORFOLK, VA 23510

Title: MGR ( ) Delete
Name: ANSTROM, S DECKER
Address: 150 WEST BRAMBLETON AVE
City-St-Zip: NORFOLK, VA 23510

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: BARRY, RICHARD F III
Address: 150 WEST BRAMBLETON AVE
City-St-Zip: NORFOLK, VA 23510

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: GUY R. FRIDDELL, III MGR 01/08/2009

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