

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015098

**Entity Name:** FRUIT COVE OFFICE, LLC

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

139 NEPTUNE RD.  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

139 NEPTUNE RD.  
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 20-2347207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAHAN, CLARK V  
139 NEPTUNE RD.  
ST. AUGUSTINE, FL 32086 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  
**Name:** MONAHAN, CLARK V  
**Address:** 139 NEPTUNE ROAD  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** MGRM  
**Name:** WARFIELD, STEVEN  
**Address:** 2753 ESTATES LANE  
**City-St-Zip:** JACKSONVILLE, FL 32257

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:** CLARK V MONAHAN

MGRM

04/25/2011

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