

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068064

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** DR. MICHAEL B TIERNEY, LLC

**Current Principal Place of Business:**

240 OLDE POST RD  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

240 OLDE POST RD  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**FEI Number:** 20-5164525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TIERNEY, CYNTHIA W  
240 OLDE POST ROAD  
NICEVILLE, FL 32578 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: TIERNEY, MICHAEL B  
Address: 240 OLDE POST RD  
City-St-Zip: NICEVILLE, FL 32578 US

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: MICHAEL B. TIERNEY

MGRM

02/18/2010

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