

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051436

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** INDEPENDENCE VILLAGE LLC

**Current Principal Place of Business:**

525 NORTH MARTIN LUTHER KING BLVD.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

525 NORTH MARTIN LUTHER KING BLVD.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 26-3768393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATKINS, MIKE  
525 NORTH MARTIN LUTHER KING BLVD  
TALLAHASSEE, FL 32301 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:** BIG BEND COMMUNITY BASED CARE, INC.  
**Address:** 525 NORTH MARTIN LUTHER KING BLVD  
**City-St-Zip:** TALLAHASSEE, FL 32301 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: PAM EAST

COO

01/05/2010

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