

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L98000000142

Entity Name: 3625 POINSETTIA, L.C.

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

1900A SUNSHINE BLVD.  
NAPLES, FL 34116

**Current Mailing Address:**

6435 HIGHCROFT DRIVE  
NAPLES, FL 34119

**New Mailing Address:**

1900A SUNSHINE BLVD.  
NAPLES, FL 34116

FEI Number: 59-3499136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOLZKAMPER, HENRY  
6435 HIGHCROFT DRIVE  
NAPLES, FL 34119 US

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

HOLZKAMPER, HENRY  
1900A SUNSHINE BLVD.  
NAPLES, FL 34116 US

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: HENRY HOLZKAMPER

02/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLZKAMPER, HENRY  
Address: 1900A SUNSHINE BLVD.  
City-St-Zip: NAPLES, FL 34116

Title: MGRM  
Name: MOORE, JAN E  
Address: 1900A SUNSHINE BLVD.  
City-St-Zip: NAPLES, FL 34116

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: HENRY HOLZKAMPER

MGR.

02/19/2010

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