

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000952

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** LOGSDON/NICOLINI OF ORLANDO LIMITED COMPANY

**Current Principal Place of Business:**

801 SOUTH OLIVE AVE.  
SUITE 1622  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

6436 EAST COLONIAL DR  
ORLANDO, FL 32807

**Current Mailing Address:**

801 SOUTH OLIVE AVE.  
SUITE 1622  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 65-0980610      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LOGSDON, JOHN M  
801 SOUTH OLIVE AVE.  
SUITE 1622  
WEST PALM BEACH, FL 33401 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  
**Name:** LOGSDON, JOHN M  
**Address:** 801 SOUTH OLIVE AVE. #1622  
**City-St-Zip:** WEST PALM BEACH, FL 33401

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: JOHN LOGSDON      MGR      02/09/2010

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