

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009117

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

**Entity Name:** DOUGLAS W. LACROSSE, LLC

**Current Principal Place of Business:**

3303 WEST MORRISON AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3303 WEST MORRISON AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 26-5081168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINES, JAMES P ESQ.  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 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: LACROSSE, DOUG  
Address: 3303 W. MORRISON AVE.  
City-St-Zip: TAMPA, FL 33629

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: DOUG LACROSSE

MGRM

04/18/2010

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