

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010666

**Entity Name:** LDF SERVICES LLC

**FILED**  
**Apr 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1111 STATE AVE  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1111 STATE AVE  
HOLLY HILL, FL 32117

**New Mailing Address:**

**FEI Number:** 59-3681233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUNICELLO, LINDA A  
9 CHARLESTON SQUARE  
ORMOND BEACH, FL 32174 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:** P  
**Name:** FUNICELLO, LINDA A  
**Address:** 1111 STATE AVE  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** VP  
**Name:** FUNICELLO, DANIEL  
**Address:** 1111 STATE AVE  
**City-St-Zip:** HOLLY HILL, FL 32117

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:** LINDA A. FUNICELLO

PRES

04/03/2010

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