

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011275

FILED  
Feb 07, 2009  
Secretary of State

**Entity Name:** GEORGIANNA WALKER SORENSEN, PH.D., P.L.C.

**Current Principal Place of Business:**

237 E. PARK AVENUE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

237 E. PARK AVENUE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 59-3682251

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEORGIANNA W. SORENSEN, PH.D.  
237 E. PARK AVENUE  
LAKE WALES, FL 33853 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 ( ) Delete  
Name: SORENSEN, GEORGIANNA W PH.D.  
Address: 237 E. PARK AVENUE  
City-St-Zip: LAKE WALES, FL 33853

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GEORGIANNA W SORENSEN PHD

MGR

02/07/2009

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