

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000013295

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** DONE RIGHT IRRIGATION, LLC

**Current Principal Place of Business:**

2740 COOLIDGE ROAD  
FORT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

489 SOUTHEAST GALLEON LANE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 65-1055140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** WILLIS, ANTHONY SCOTT  
**Address:** 714 S.W. COLLEEN AVE.  
**City-St-Zip:** PORT ST LUCIE, FL 34983

**Title:** MGRM  
**Name:** BEACH, DONA M  
**Address:** 489 SOUTHEAST GALLEON LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

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:** DONA BEACH

MGR

04/14/2011

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