

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001103

Entity Name: WHIDDEN FAMILY L.L.C.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

28905 SHIRLEY SHORES RD  
TAVARES, FL 32778 US

**New Principal Place of Business:**

**Current Mailing Address:**

28905 SHIRLEY SHORES RD  
TAVARES, FL 32778 US

**New Mailing Address:**

FEI Number: 59-3692203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLICK, JAMES J  
3203 S. CONWAY RD  
SUITE 106  
ORLANDO, FL 32812 US

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

FLICK, JAMES J  
3700 S. CONWAY RD  
SUITE 100  
ORLANDO, FL 32812 US

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

04/20/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHIDDEN, PATRICIA S MRS  
Address: 28905 SHIRLEY SHORES RD  
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM  
Name: WHIDDEN, WILLIAM S MR  
Address: 28905 SHIRLEY SHORES RD  
City-St-Zip: TAVARES, FL 32778 US

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: PATRICIA S WHIDDEN

MGRM

04/20/2011

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