

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000003505

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** THE KIRKLAND FAMILY JOINT VENTURE OF VOLUSIA COUNTY, LLC.

**Current Principal Place of Business:**

4328 STATE RD 44  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

4328 STATE RD 44  
NEW SMYRNA BEACH, FL 32168 US

**New Mailing Address:**

**FEI Number:** 59-3688457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRKLAND, FAY LAVERNE PRES.  
4328 STATE RD 44  
NEW SMYRNA BEACH, FL 32168 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: SCHWARTZ, GLORIA JEAN  
Address: 293 FLORATAM TRL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: JIMENEZ, DEBORAH ANN  
Address: 263 FLORATAM TR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: CARBAJAL, KAREN ANITA  
Address: 305 FLORATAM TR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: KIRKLAND, FAY LAVERNE  
Address: 4140 S.R. 44  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: KIRKLAND, WARD ALLAN  
Address: 325 KIRKLAND DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 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: FAY L. KIRKLAND

PRES

04/11/2011

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