

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011195

Entity Name: SYLVESTER, LLC

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2131 SW 22ND PLACE  
STE 202  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2131 SW 22ND PLACE  
STE 202  
OCALA, FL 34471

**New Mailing Address:**

3409 SE 17TH COURT  
OCALA, FL 34471

FEI Number: 59-3732070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SYLVESTER, AJUFO C  
3409 SE 17TH CRT  
OCALA, FL 34471 US

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

SYLVESTER, AJUFO C  
3409 SE 17TH COURT  
OCALA, FL 34471 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:

01/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: AJUFO, SYLVESTER C M.D.  
Address: 3409 SE 17TH CRT  
City-St-Zip: Ocala, FL 34471

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: SCA

MD

01/18/2010

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