

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000018154

**Entity Name:** ENIX & ASSOCIATES, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

367 WEST ALFRED STREET  
TAVARES, FL 32778

**New Principal Place of Business:**

351 WEST ALFRED STREET  
TAVARES, FL 32778

**Current Mailing Address:**

P.O. BOX 867  
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number:** 20-5988271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHULTE, TIMOTHY  
315 E. ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 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  
Name: ENIX, DAVID A MGR  
Address: P.O. BOX 867  
City-St-Zip: TAVARES, FL 32778

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: DAVID ENIX

MGR

01/05/2010

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