

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003605

Entity Name: NATIVE SON, LLC

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

226 NORTH KENTUCKY AVENUE  
LAKELAND, FL 33801

**New Principal Place of Business:**

226 NORTH KENTUCKY AVENUE  
LAKELAND, FL 33801 US

**Current Mailing Address:**

P. O. BOX 2569  
LAKELAND, FL 33806

**New Mailing Address:**

226 NORTH KENTUCKY AVENUE  
LAKELAND, FL 33801 US

FEI Number: 01-0602972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TOMLINSON, MACON  
1437 OAKLAWN PLACE  
LAKELAND, FL 33803 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: TOMLINSON, MACON  
Address: 1437 OAKLAWN PLACE  
City-St-Zip: LAKELAND, FL 33803 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: MACON TOMLINSON

MGRM

04/12/2010

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