

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004303

Entity Name: A. GIROUARD, LLC

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1740 TREE BLVD  
#114  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1740 TREE BLVD  
#114  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 02-0552646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIROUARD, ALLAIN  
1740 TREE BLVD  
#114  
SAINT AUGUSTINE, FL 32084 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: PST  
Name: GIROUARD, ALLAIN  
Address: 1740 TREE BLVD, STE. 114  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: MGR  
Name: GIROUARD, ALLAIN  
Address: 1740 TREE BLVD, STE. 114  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: A.GIROUARD

GP

01/04/2010

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