

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028206

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

**Entity Name:** VIVIAN C. REEVES, L.L.C.

**Current Principal Place of Business:**

11333 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

11333 N. FLORIDA AVE.  
TAMPA, FL 33612

**New Mailing Address:**

**FEI Number:** 24-9543767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REEVES, VIVIAN C  
11333 N FLORIDA AVE  
TAMPA, FL 33612 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: REEVES, VIVIAN C  
Address: 11333 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33612

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: EDWARD SCHMID

CFO

03/12/2010

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