

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028405

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** TUPELO MITIGATION COMPANY, L.L.C.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE, SUITE 1430  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

841 PRUDENTIAL DRIVE, SUITE 1430  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 82-0573206      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 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 ( ) Delete  
Name: FLORIDA MITIGATION PROVIDERS, L.L.C.  
Address: 841 PRUDENTIAL DRIVE, SUITE 1430  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ERNEST HALE

MGR

05/01/2009

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