

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031830

Entity Name: MIMS HAMMOCKS, LLC

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

100 SOUTH KENTUCKY AVENUE, SUITE 215  
LAKELAND, FL 33801

**New Principal Place of Business:**

5147 SOUTH LAKELAND DRIVE  
SUITE 2  
LAKELAND, FL 33813

**Current Mailing Address:**

100 SOUTH KENTUCKY AVENUE, SUITE 215  
LAKELAND, FL 33801

**New Mailing Address:**

5147 SOUTH LAKELAND DRIVE  
SUITE 2  
LAKELAND, FL 33813

FEI Number: 14-1859591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

T. MIMS CORP.  
100 S KENTUCKY AVE STE 215  
LAKELAND, FL 33801 US

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

T. MIMS CORP.  
5147 SOUTH LAKELAND DRIVE  
SUITE 2  
LAKELAND, FL 33813 US

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: WILLIAM T. MIMS, PRESIDENT OF T. MIMS CORP

03/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: T. MIMS CORP.  
Address: 5147 SOUTH LAKELAND DRIVE, SUITE 2  
City-St-Zip: LAKELAND, FL 33813

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: WILLIAM T. MIMS, PRESIDENT OF T. MIMS CORP

MGRM

03/25/2010

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