

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032975

Entity Name: WALTER D. DICKINSON, LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

ONE INDEPENDENT DR  
STE 2401  
JACKSONVILLE, FL 32202

## **New Principal Place of Business:**

5187 DIXIE LANDING DRIVE  
JACKSONVILLE, FL 32224

## **Current Mailing Address:**

ONE INDEPENDENT DR  
STE 2401  
JACKSONVILLE, FL 32202

## **New Mailing Address:**

5187 DIXIE LANDING DRIVE  
JACKSONVILLE, FL 32224

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DICKINSON, WALTER D  
ONE INDEPENDENT DR  
JACKSONVILLE, FL 32202 US

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

DICKINSON, WALTER D  
5187 DIXIE LANDING DRIVE  
JACKSONVILLE, FL 32224 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:

04/21/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DICKINSON, WALTER  
Address: 5187 DIXIE LANDING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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: WALTER D DICKINSON

MGRM

04/21/2011

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