

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008743

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**Entity Name:** PASSIVE LION, L.L.C.

**Current Principal Place of Business:**

37 CARDINAL DR.  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

4085 HANCOCK BRIDGE PKWY  
SUITE 111 PMB 138  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 55-0827501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARPAD, DIANA  
752 OVERIVER DRIVE  
NORTH FORT MYERS, FL 33903 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:** MGRM  
**Name:** ARPAD, DIANA L  
**Address:** 752 OVERIVER DR.  
**City-St-Zip:** N. FT. MYERS, FL 33903

**Title:** MGR  
**Name:** ARPAD, SHELDON  
**Address:** 752 OVERIVER DR.  
**City-St-Zip:** N. FT. MYERS, FL 33903

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: DIANA ARPAD

MRS.

04/18/2010

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