

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000057039

Entity Name: LESLIE A. WHIDDON, LLC

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11033 WILDLIFE TRAIL  
TALLAHASSEE, FL 32312 US

**New Principal Place of Business:**

554 POST PLANT RD  
QUINCY, FL 32352 US

**Current Mailing Address:**

11033 WILDLIFE TRAIL  
TALLAHASSEE, FL 32312 US

**New Mailing Address:**

554 POST PLANT RD  
QUINCY, FL 32352 US

FEI Number: 20-0532285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

WHIDDON, LESLIE A  
11033 WILDLIFE TRAIL  
TALLAHASSEE, FL 32312 US

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

WHIDDON, LESLIE A  
554 POST PLANT RD  
QUINCY, FL 32352 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:

04/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHIDDON, LESLIE A  
Address: 554 POST PLANT RD  
City-St-Zip: QUINCY, FL 32352 US

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: LESLIE A. WHIDDON

MGRM

04/06/2010

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