## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000014038

Entity Name: MISS DAISY'S, LLC

Name:

Address:

City-St-Zip:

1423 WEST LINE STREET

LEESBURG, FL 34748 US

Jul 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1024 WEST MAIN STREET LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 1024 WEST MAIN STREET LEESBURG, FL 34748 US FEI Number: 20-0771680 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: Name and Address of New Registered Agent: TUCKER, ROBERT P 1024 WEST MAIN STREET LEESBURG, FL 34748 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete TUCKER, ROBERT P Name: Name: Address: 1423 WEST LINE STREET Address: City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PARKER, ANGELA Name: Address: 5028 LONG MEADOW DRIVE Address: City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PARKER, KEITH E Name: Name: 5028 LONG MEADOW DRIVE Address: Address: City-St-Zip: LEESBURG, FL 34748 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition BOBULINSKI, WILLIAM H

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM H BOBULINSKI **MGRM** 07/12/2009