

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018476

Entity Name: JIM MATTHEWS, LLC

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2465 NORTHSIDE DRIVE  
#1608  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2465 NORTHSIDE DRIVE  
#1608  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 20-0852870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATTHEWS, JAMES A  
2465 NORTHSIDE DRIVE  
#1608  
CLEARWATER, FL 33761 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: MATTHEWS, JAMES A  
Address: 2465 NORTHSIDE DRIVE #1608  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM  
Name: PLUMB, SAMUEL W  
Address: 404 FEDERAL ST  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM  
Name: COUCH, SAMUEL C JR  
Address: 5233 72ND STREET N  
City-St-Zip: SAINT PETERSBURG, FL 33709

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: JAMES MATTHEWS

MGRM

01/20/2010

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