

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021685

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: DEVON A. PORCELLA, P.L.

## Current Principal Place of Business:

100 S. DIXIE HIGHWAY  
SUITE 305  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

330 CLEMATIS STREET  
SUITE 113  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

100 S. DIXIE HIGHWAY  
SUITE 305  
WEST PALM BEACH, FL 33401

## New Mailing Address:

330 CLEMATIS STREET  
SUITE 113  
WEST PALM BEACH, FL 33401

FEI Number: 01-0809951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORCELLA, DEVON A  
100 S. DIXIE HIGHWAY  
SUITE 305  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

PORCELLA, DEVON A  
330 CLEMATIS STREET  
SUITE 113  
WEST PALM BEACH, FL 33401 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:

01/14/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PORCELLA, DEVON A  
Address: 100 S. DIXIE HIGHWAY, SUITE 305  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PORCELLA, DEVON A  
Address: 330 CLEMATIS STREET, SUITE 113  
City-St-Zip: WEST PALM BEACH, FL 33401

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.

SIGNATURE: DEVON PORCELLA

PRES

01/14/2009

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