

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023302

Entity Name: OSCEOLA RIDGE, L.L.C.

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

625 E TENNESSEE STREET  
SUITE 200  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

982 W BREVARD ST  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

625 E TENNESSEE STREET  
SUITE 200  
TALLAHASSEE, FL 32308

**New Mailing Address:**

982 W BREVARD ST  
TALLAHASSEE, FL 32304

FEI Number: 20-0924495      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:**

LOVETT, JOHN C ESQ.  
106 EAST COLLEGE AVE., SUITE 1200  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSCEOLA RIDGE HOLDINGS CORPORATION  
Address: 982 W BREVARD ST  
City-St-Zip: TALLAHASSEE, FL 32304

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: OSCEOLA RIDGE HOLDINGS CORP

MGRM

05/03/2010

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