

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000034881

Entity Name: CLAUDE, LLC

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

34650 US HWY 19 N  
STE 108  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

34650 US HWY 19 N  
STE 108  
PALM HARBOR, FL 34684

**New Mailing Address:**

FEI Number: 20-1094366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JENKINS, ROSE M  
34650 US HWY 19 N  
STE 108  
PALM HARBOR, FL 34684 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: DEMMA, CLAUDE  
Address: 3931 SURFSIDE BLVD.  
City-St-Zip: CAPE CORAL, FL 33914

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: DEMMA CLAUDE

MR

02/19/2010

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