

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000038736

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** PALM COAST OFFICE LLC

**Current Principal Place of Business:**

100 ARRICOLA AVE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

100 ARRICOLA AVE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 74-3123964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CULVER, DAVID  
100 ARRICOLA AVE  
ST AUGUSTINE, FL 32080 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: HINMAN, ROY H MD  
Address: 100 ARRICOLA AVE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: MGRM  
Name: BRAVE RIFLES FAMILY LIMITED PARTNERSHIP  
Address: 100 ARRICOLA AVE  
City-St-Zip: ST AUGUSTINE, FL 32080

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: ROY H HINMAN II MD

MGR

01/29/2010

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