

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000053526

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MISTLETOE PROPERTIES, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2560 N. YOUNG BLVD  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 443  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 20-1366530

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRYANT, TODD  
6600 SW 65TH STREET  
TRENTON, FL 32693 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:** BRYANT, TODD  
**Address:** 6600 SW 65TH STREET  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** MGRM  
**Name:** ROWLAND, REESE  
**Address:** 710 NE 16TH STREET  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** MGRM  
**Name:** BRADLEY, CLIFTON  
**Address:** 709 NE 16TH STREET  
**City-St-Zip:** TRENTON, FL 32693 US

**Title:** MGRM  
**Name:** ETHERIDGE, FRANK  
**Address:** 14471 NE 20TH STREET  
**City-St-Zip:** WILLISTON, FL 32696 US

**Title:** MGRM  
**Name:** ALLEN, EDWIN  
**Address:** 121 NE 6TH BLVD.  
**City-St-Zip:** WILLISTON, FL 32696 US

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:** TODD BRYANT

MGRM

01/06/2010

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