## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000061443

Address:

City-St-Zip:

FORT MYERS, FL 33901

Entity Name: HIGGINSON HOLDINGS, LLC

FILED Feb 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8235 POTOMAC LANE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 8235 POTOMAC LANE NAPLES, FL 34104 FEI Number: 22-3903228 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYER, LORI G 8235 POTOMAC LANE NAPLES, FL 34104 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: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete DYER, LORI Name: Name: 8235 POTOMAC LANE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GLAZIER, SHERI D Name: Address: 25460 STILLWELL PKWY Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HIGGINSON, PATRICK R Name: Name: Address: 23220 RUNNING DEER TRAIL Address: City-St-Zip: EDMOND, OK 73003 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition HIGGINSON, MARK A Name: Name: Address: 10881 ORANGEWOOD DR Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition HIGGINSON, KEVIN L Name: Name: 1654 BRAMAN AVE

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.

Address:

City-St-Zip:

SIGNATURE: LORI G. DYER 02/13/2009