

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070147

Entity Name: SYLVANIA PINES, LLC

FILED  
Mar 10, 2009  
Secretary of State

**Current Principal Place of Business:**

7995 HWY 90  
SNEADS, FL 32460

**New Principal Place of Business:**

**Current Mailing Address:**

7995 HWY 90  
SNEADS, FL 32460

**New Mailing Address:**

FEI Number: 05-0609259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDAY, JIMMY D  
2212 WALDEN RD  
SNEADS, FL 32460 US

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

ALDAY, JIMMY O  
2212 WALDEN RD  
SNEADS, FL 32460 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: JIMMY O. ALDAY

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALDAY, JAMES U  
Address: 2751 APPALACHEE TRAIL  
City-St-Zip: MARIANNA, FL 32446

Title: MGR ( ) Delete  
Name: ALDAY, JIMMY O  
Address: 2212 WALDEN RD  
City-St-Zip: SNEADS, FL 32460

Title: MGR ( ) Delete  
Name: ALDAY, JOSEPH A  
Address: 6136 SYLVANIA PINES WAY  
City-St-Zip: GREENWOOD, FL 32443

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JIMMY O. ALDAY

MGR

03/10/2009

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