

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074783

**Entity Name:** NORTH PIER, LLC

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

37927 LIVE OAK AVE  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

37927 LIVE OAK AVE  
DADE CITY, FL 33523 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SEAY, KIMBERLY  
37927 LIVE OAK AVE  
DADE CITY, FL 33523 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: SEAY, KIMBERLY  
Address: P.O. BOX 502  
City-St-Zip: DADE CITY, FL 33526 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: KIMBERLY SEAY

MGRM

01/18/2010

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