

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000090359

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** BEVILLE OFFICE LLC

**Current Principal Place of Business:**

1898 S CLYDE MORRIS BLVD.  
SUITE 500  
DAYTONA BEACH, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

1898 S CLYDE MORRIS BLVD.  
SUITE 500  
DAYTONA BEACH, FL 32119

**New Mailing Address:**

**FEI Number:** 56-2495475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMENDOLAGINE, MARILYN  
1898 S CLYDE MORRIS BLVD SUITE 500  
DAYTONA BEACH, FL 32119 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: AMENDOLAGINE, MICHAEL  
Address: 1898 SCLYDE MORRIS BLVD SUITE 500  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: MGRM  
Name: AMENDOLAGINE, MARILYN  
Address: 1898 S CLYDE MORRIS BLVD SUITE 500  
City-St-Zip: DAYTONA BEACH, FL 32119

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: MARILYN AMENDOLAGINE

MGRM

04/14/2010

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