

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092935

FILED  
Apr 04, 2012  
Secretary of State

Entity Name: LYONS LAND PASCO, LLC

**Current Principal Place of Business:**

2726 SWAMP CABBAGE COURT  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2726 SWAMP CABBAGE COURT  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 20-1990574

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LYONS, BOBBY R ESQ  
2726 SWAMP CABBAGE COURT  
FORT MYERS, FL 33901 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: LYONS HOLDING, INC.  
Address: 2726 SWAMP CABBAGE COURT  
City-St-Zip: FORT MYERS, FL 33901

Title: P  
Name: LYONS, BOBBY R  
Address: 2726 SWAMP CABBAGE COURT  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: LYONS, NORMA L  
Address: 2726 SWAMP CABBAGE COURT  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: GARTON, LORI  
Address: 2726 SWAMP CABBAGEA COURT  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: ROSE, TIMOTHY W  
Address: 2726 SWAMP CABBAGE COURT  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: HAMMOND, CHRIS  
Address: 2726 SWAMP CABBAGE COURT  
City-St-Zip: FT MYERS, FL 33901

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: CHRIS HAMMOND

VP

04/04/2012

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