

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094054

Entity Name: PROCTOR & LONG, L.L.C.

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 30-0288976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PADGETT, TIMOTHY D  
2810 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 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: MR  
Name: LONG, JOSEPH R MANAGER  
Address: 825 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MR  
Name: PROCTOR, PATRICK S MANAGER  
Address: 825 THOMASVILLE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: SEC  
Name: ADAMS, HENRY N  
Address: 825 THOMASVILLE RD  
City-St-Zip: TALLAHASSEE, FL 32303

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: PATRICK S. PROCTOR

MR

02/02/2010

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