

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000016963

Entity Name: OLMSTEAD, LLC

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD  
APOPKA, FL 327122229 US

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS RD  
APOPKA, FL 327122229 US

**New Mailing Address:**

FEI Number: 20-2367077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLMSTEAD, PHYLLIS M  
1631 ROCK SPRINGS RD  
APOPKA, FL 327122229 US

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

OLMSTEAD, PHYLLIS M DR  
1631 ROCK SPRINGS RD  
APOPKA, FL 327122229 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: DR PHYLLIS M OLMSTEAD

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLMSTEAD, PHYLLIS M  
Address: 1631 ROCK SPRINGS RD  
City-St-Zip: APOPKA, FL 327122229 US

**ADDITIONS/CHANGES:**

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: DR PHYLLIS M OLMSTEAD

MGR

01/15/2009

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