

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023744

Entity Name: MINKIN ASSOCIATES LC

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

974 TORCHWOOD DR  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

974 TORCHWOOD DR  
DELAND, FL 32724

**New Mailing Address:**

FEI Number: 20-2526563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MITCHELL, CHESTER A  
974 TORCHWOOD DR  
DELAND, FL 32724 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: MGR  
Name: MITCHELL, CHESTER A  
Address: 974 TORCHWOOD DR  
City-St-Zip: DELAND, FL 32724

Title: MGR  
Name: MITCHELL, CAROLE A  
Address: 974 TORCHWOOD DR  
City-St-Zip: DELAND, FL 32724

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: CHESTER A. MITCHELL

MGR

04/08/2010

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