

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024944

FILED  
Sep 24, 2009  
Secretary of State

**Entity Name:** METROPOLITAN DESIGN & DEVELOPMENT, LLC

**Current Principal Place of Business:**

526 S. HYER AVENUE  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

526 S. HYER AVENUE  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 20-2982928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 US

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

DEVANE, MICHAEL K  
526 S. HYER AVE.  
ORLANDO, FL 32801 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: MIKE DEVANE

09/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEVANE, DEE  
Address: 526 S. HYER AVENUE  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM ( ) Delete  
Name: DEVANE, MICHAEL  
Address: 526 S. HYER AVENUE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DEE DEVANE

MGRM

09/24/2009

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