

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052027

FILED
May 01, 2010
Secretary of State

Entity Name: LABELLE DEVELOPMENT, LLC

Current Principal Place of Business:

360 NORTH BRIDGE ST.
LABELLE, FL 33935

New Principal Place of Business:

41 HAMTON AVE
LABELLE, FL 33935

Current Mailing Address:

P.O. BOX 1285
LABELLE, FL 33975

New Mailing Address:

C/O P.O. BOX 1285
LABELLE, FL 33975

FEI Number: 20-2843474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

LUCKEY, OWEN L JR
90 HOWE AVE.
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

LUCKEY, OWEN L JR
14 WASHINGTON AVE
LABELLE, FL 33935 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: _____

05/01/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WILKINS, WAYNE L
Address: P O B 1285
City-St-Zip: LABELLE, FL 33975

Title: MGRM
Name: WILKINS, JULIE C
Address: P O B 1285
City-St-Zip: LABELLE, FL 33975

Title: MGRM
Name: HICKS, CHASSEY J
Address: 455 BELMONT ST
City-St-Zip: LABELLE, FL 33935

Title: MGRM
Name: CASTILLO, MELISSA
Address: POB 335
City-St-Zip: LABELLE, FL 33975

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: JULIE WILKINS

MGRM

05/01/2010

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