

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054052

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** TURTLE ISLAND TRADING POST, L.L.C.

**Current Principal Place of Business:**

1734 SHARON ROAD  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

1734 SHARON ROAD  
TALLAHASSEE, FL 323034424

**Current Mailing Address:**

1734 SHARON ROAD  
TALLAHASSEE, FL 323034424

**New Mailing Address:**

**FEI Number:** 87-0746972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HALE, LINDA L  
1734 SHARON ROAD  
TALLAHASSEE, FL 323034424 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:** MGRM  
**Name:** HALE, LINDA L  
**Address:** 1734 SHARON ROAD  
**City-St-Zip:** TALLAHASSEE, FL 323034424

**Title:** MGRM  
**Name:** LEWIS, MARY G  
**Address:** 260 HIDDEN ACRES  
**City-St-Zip:** MONTICELLO, FL 32344

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: LINDA L. HALE

MGRM

04/16/2010

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