

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000071730

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** JOHN STEVEN BLINCOE, II, LLC

**Current Principal Place of Business:**

8297 CHAMPIONS GATE BLVD., STE 183  
CHAMPIONS GATE, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD., STE 183  
CHAMPIONS GATE, FL 33896

**New Mailing Address:**

**FEI Number:** 74-3149644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLINCOE, JOHN S II  
8297 CHAMPIONS GATE BLVD, 216  
CHAMPIONS GATE, FL 33896 US

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

BLINCOE, JOHN S II  
8297 CHAMPIONS GATE BLVD, STE 183  
CHAMPIONS GATE, FL 33896 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/12/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLINCOE, JOHN S II  
Address: 8297 CHAMPIONS GATE BLVD, 183  
City-St-Zip: CHAMPIONS GATE, FL 33896

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: JOHN STEVEN BLINCOE II

MGRM

04/12/2010

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