

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000087052

Entity Name: ACONDO, LLC

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 20-4664006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOYD, JOSEPH  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 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: TEMPLES, JAMIE  
Address: 1407 PIEDMONT DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: WILLIAM SCOTT LINDSEY MARITAL TRUST  
Address: C/O ROBERT PIERCE, P.O. BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

Title: MGRM  
Name: BOYD, JOSEPH R  
Address: 140 PIEDMONT DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: ANDREA LINDSEY BARBER TRUST UNDER LAST WIL  
Address: C/O ROBERT PIERCE, P.O. BOX 391  
City-St-Zip: TALLAHASSEE, FL 32302

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: JAMIE TEMPLES

MGRM

01/24/2011

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