

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000093830

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** DRIFTWOOD POINT, LLC

**Current Principal Place of Business:**

2396 DRIFTWOOD POINT LANE  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

3649 LETITIA LANE  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 20-3541952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** CADE, JOHN P  
**Address:** 3649 LETITIA LANE  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

**Title:** MGRM  
**Name:** CADE, ROBIN  
**Address:** 3649 LETITIA LANE  
**City-St-Zip:** TALLAHASSEE, FL 32312 US

**Title:** MGRM  
**Name:** DETERS, SHERRY  
**Address:** 3068 IRONWOOD DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32309 US

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 CADE

MR.

01/26/2010

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