

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109924

FILED
Feb 25, 2010
Secretary of State

Entity Name: LIBERTY PROJECT DELIVERY, L.L.C.

Current Principal Place of Business:

530 N. COMMONWEALTH AVE.
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

530 N. COMMONWEALTH AVE.
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 20-3824881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, PHILIP O ESQ.
C/O PETERSON & MYERS, P.A.
225 E. LEMON STREET, SUITE 300
LAKELAND, FL 33801 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: MGR
Name: ANDREW, CECELIA M
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: P
Name: ANDREW, CECELIA M
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: MGR
Name: SCOTT, RICHARD
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: V
Name: SCOTT, RICHARD
Address: 530 N. COMMONWEALTH AVE.
City-St-Zip: POLK CITY, FL 33868

Title: MGR
Name: NELSON, NORMAN L
Address: 530 N COMMONWEALTH AVE
City-St-Zip: POLK CITY, FL 33868

Title: V
Name: NELSON, NORMAN L
Address: 530 N COMMONWEALTH AVE
City-St-Zip: POLK CITY, FL 33868

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: CECELIA ANDREW

PRES

02/25/2010

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