

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109924

FILED
Jan 05, 2012
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:

ANDREW, CECELIA
530 N COMMONWEALTH AVE
POLK CITY, FL 33868 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: CECELIA ANDREW

01/05/2012

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

01/05/2012

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