

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000118260

Entity Name: JOEL D. ALCORN, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

**New Principal Place of Business:**

1127 ASHLEY AVENUE  
INDIAN HARBOUR BEACH, FL 329374264 US

**Current Mailing Address:**

510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

**New Mailing Address:**

1127 ASHLEY AVENUE  
INDIAN HARBOUR BEACH, FL 329374264 US

FEI Number: 13-4316629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALCORN, SKIP  
510 BAY CIRCLE  
INDIAN HARBOUR BEACH, FL 329374039 US

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

ALCORN, SKIP  
1127 ASHLEY AVENUE  
INDIAN HARBOUR BEACH, FL 329374264 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: SKIP ALCORN

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ALCORN, JOEL D PRES  
Address: 1127 ASHLEY AVENUE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 329376427 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: JOEL D. ALCORN

MGR

04/19/2010

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