

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012722

Entity Name: SALLIE AUGUSTINE, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

48 S. MAGNOLIA AVENUE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

3101 SW 34TH AVENUE  
SUITE 905-188  
OCALA, FL 34474 US

**New Mailing Address:**

FEI Number: 26-5497188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUGUSTINE, SALLIE  
3101 SW 34TH AVENUE  
SUITE 905-188  
OCALA, FL 34474 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: AUGUSTINE, SALLIE  
Address: 3101 SW 34TH AVENUE, SUITE 905-188  
City-St-Zip: Ocala, FL 34474 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: SALLIE AUGUSTINE

MRS.

04/28/2010

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