

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038849

Entity Name: FLORENCE COVE, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

1712 BAY CIRCLE WEST
ORANGE PARK, FL 32073 US

New Principal Place of Business:

Current Mailing Address:

1712 BAY CIRCLE WEST
ORANGE PARK, FL 32073 US

New Mailing Address:

FEI Number: 20-4973956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, HAROLD R
1712 BAY CIRCLE WEST
ORANGE PARK, FL 32073 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 () Delete
Name: WILLIS, HAROLD R
Address: 1712 BAY CIRCLE WEST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGR () Delete
Name: STINCHCOMB, JAMES W
Address: 23 CARLSON LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGR () Delete
Name: TITAN LAND, LLC,
Address: 60 OCEAN BLVD, SUITE 15
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: TITAN LAND, LLC,
Address: 5008 BUTTONWOOD DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32072 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: H RAY WILLIS

MGR

03/24/2009

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