

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049399

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: MELISSA LYNN, LLC

## Current Principal Place of Business:

1300 MAIN STREET  
FT. MYERS BEACH, FL 33932

## New Principal Place of Business:

1300 MAIN STREET  
FT. MYERS BEACH, FL 33931

## Current Mailing Address:

P.O. BOX 6189  
FT. MYERS BEACH, FL 33932

## New Mailing Address:

FEI Number: 20-4892716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALA, GEORGE  
7227 HENDRY CREEK DRIVE  
FORT MYERS, FL 33908      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: HENDERSON, DENNIS  
Address: P.O. BOX 6189  
City-St-Zip: FT. MYERS BEACH, FL 33932

Title: MGR ( ) Delete  
Name: GALA, GEORGE  
Address: P.O. BOX 6189  
City-St-Zip: FT. MYERS BEACH, FL 33932

Title: SD ( ) Delete  
Name: GALA, CHRISTINE  
Address: 7227 HENDRY CREEK DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: TD ( ) Delete  
Name: HENDERSON, RANELL  
Address: 21251 CARTER ROAD  
City-St-Zip: ESTERO, FL 33928

## ADDITIONS/CHANGES:

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

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

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

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

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: CHRISTINE GALA

SD

04/07/2009

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