

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000053508

Entity Name: LEVEROCK PLACE, LLC

FILED  
Mar 31, 2009  
Secretary of State

**Current Principal Place of Business:**

9309-1A OLD KINGS ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

9309-1A OLD KINGS ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 20-4956575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MANCHERO, GLORIA  
9309 OLD KINGS RD S #1-A  
JACKSONVILLE, FL 32257 US

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

MENCHERO, GLORIA  
9309 OLD KINGS RD S #1-A  
JACKSONVILLE, FL 32257 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: GLORIA MENCHERO

03/31/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PST ( ) Delete  
Name: EDMONDS, DANA  
Address: 9309-1A OLD KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Delete  
Name: CUTTS, BILL  
Address: 9309-1A OLD KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

**ADDITIONS/CHANGES:**

Title: PST (X) Change ( ) Addition  
Name: EDMONDS, DANA H  
Address: 9309-1A OLD KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

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: DANA H EDMONDS

PST

03/31/2009

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