

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084265

Entity Name: ARCADIA HOLDINGS, LLC

FILED
Feb 11, 2009
Secretary of State

Current Principal Place of Business:

1300 CITIZENS BLVD., SUITE 300
LEESBURG, FL 34748

New Principal Place of Business:

1023 W DIXIE AVE
LEESBURG, FL 34748

Current Mailing Address:

1300 CITIZENS BLVD., SUITE 300
LEESBURG, FL 34748

New Mailing Address:

1023 W DIXIE AVE
LEESBURG, FL 34748

FEI Number: 20-8523316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM R JR.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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: GREGG-STRIMENOS, GAIL
Address: 1300 CITIZENS BLVD., SUITE 300
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: EMACK, JEANNIE G
Address: 1300 CITIZENS BLVD SUITE 300
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREGG-STRIMENOS, GAIL
Address: 1023 W DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: MGR (X) Change () Addition
Name: EMACK, JEANNIE G
Address: 1023 W DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

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: GAIL GREGG-STRIMENOS

MGR

02/11/2009

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