

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086441

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA TAIL FEATHERS LLC

**Current Principal Place of Business:**

22084 POWELL RD  
BROOKSVILLE, FL 34602 US

**New Principal Place of Business:**

**Current Mailing Address:**

22084 POWELL RD  
BROOKSVILLE, FL 34602 US

**New Mailing Address:**

**FEI Number:** 20-5518101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HAMILTON, JONATHAN D  
22084 POWELL RD  
BROOKSVILLE, FL 34602 US

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

BARBER, AMY  
38743 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540 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: AMY BARBER

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAMILTON, JONATHAN D  
Address: 22084 POWELL ROAD  
City-St-Zip: BROOKSVILLE, FL 34602 US

Title: MGRM  
Name: MATTHEW, KOHAN  
Address: 36816 CENTER AVENUE  
City-St-Zip: DADE CITY, FL 33525

Title: MGRM  
Name: ZANE, GILMORE  
Address: P.O. BOX 1002  
City-St-Zip: SAN ANTONIO, FL 33576

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: MATTHEW KOHAN

MGRM

04/21/2010

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