

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103217

FILED
Jun 29, 2009
Secretary of State

Entity Name: LORDSHIP DEVELOPMENT & RESTORATION, LLC

Current Principal Place of Business:

8461 LAKE WORTH ROAD #422
LAKE WORTH, FL 33467 US

New Principal Place of Business:

125 SOUTH SR7
104-115
WELLINGTON, FL 33414 US

Current Mailing Address:

8461 LAKE WORTH ROAD #422
LAKE WORTH, FL 33467 US

New Mailing Address:

125 SOUTH SR7
104-115
WELLINGTON, FL 33414 US

FEI Number: 20-5797068 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCALLISTER, WILLIAM K
8461 LAKE WORTH ROAD #422
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

MCALLISTER, JULIANN MRS.
125 SOUTH SR7
104-115
WELLINGTON, FL 3414 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: JULIANN MCALLISTER

06/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCALLISTER, WILLIAM K
Address: 8461 LAKE WORTH ROAD #422
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: MRS. (X) Change () Addition
Name: MCALLISTER, JULIANN
Address: 125 SOUTH SR7, SUITE 104-115
City-St-Zip: WELLINGTON, FL 33414 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: JULIANN MCALLISTER

MRS.

06/29/2009

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