# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 06, 2010**
**Secretary of State**

DOCUMENT# L06000106738

**Entity Name:** 815 MABBETTE, LLC

**Current Principal Place of Business:**

815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741

**New Principal Place of Business:**

815 MABBETTE ST.
SUITE 108
KISSIMMEE, FL 34741

**Current Mailing Address:**

815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741

**New Mailing Address:**

815 MABBETTE ST.
SUITE 108
KISSIMMEE, FL 34741

**FEI Number: 20-5818703** **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:**

WOLFF, JEFFREY D
815 MABBETTE ST.
SUITE 202
KISSIMMEE, FL 34741 US

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

WOLFF, JEFFREY D
815 MABBETTE ST.
SUITE 108
KISSIMMEE, FL 34741 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: _____ 05/06/2010
Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP
Name: WOLFF, JEFFREY D
Address: 815 MABBETTE ST., SUITE 108
City-St-Zip: KISSIMMEE, FL 34741

Title: VP
Name: HOPKINS, MICHAEL
Address: 815 MABBETTE ST.., SUITE 108
City-St-Zip: KISSIMMEE, FL 34741

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 Statues.

SIGNATURE: JEFFREY WOLFF VP 05/06/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date