

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111039

Entity Name: SLD VENTURES LLC

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16 LAMSON ST  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16466  
JACKSONVILLE, FL 32245

**New Mailing Address:**

FEI Number: 77-0666074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOVER, WILLIAM T  
16 LAMSON ST  
JACKSONVILLE, FL 32211 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: P  
Name: KOVER, WILLIAM T  
Address: PO BOX 16466  
City-St-Zip: JACKSONVILLE, FL 32245

Title: VP  
Name: KOVER, WANDA J  
Address: PO BOX 16466  
City-St-Zip: JACKSONVILLE, FL 32245

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: WILLIAM T. KOVER

PRES

02/09/2010

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