

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012960

FILED
Apr 08, 2009
Secretary of State

Entity Name: 10435 SOUTHEAST 170TH PLACE, LLC

Current Principal Place of Business:

3310 S.W. 34TH STREET
OCALA, FL 34474

New Principal Place of Business:

10435 SOUTHEAST 170TH PLACE
OCALA, FL 34474

Current Mailing Address:

3310 S.W. 34TH STREET
OCALA, FL 34474

New Mailing Address:

2930 SE 31ST STREET
OCALA, FL 34471

FEI Number: 01-0896740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLEECE, JONATHAN D
802 11TH STREET WEST
BRADENTON, FL 342057734 US

Name and Address of New Registered Agent:

THE MILLHORN LAW FIRM
13710 US HWY 441
SUITE 100
THE VILLAGES, FL 32159 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: RYAN MILLHORN

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUMMADI, SIVA S MD
Address: 3310 S.W. 34TH STREET
City-St-Zip: OCALA, FL 34474

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JUSTIN, FERNS MD
Address: 10435 SOUTHEAST 170TH PLACE
City-St-Zip: OCALA, FL 34474

Title: MGR () Change (X) Addition
Name: ALI, NASSER MD
Address: 10435 SOUTHEAST 170TH PLACE
City-St-Zip: OCALA, FL 34474

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: JUSTIN FERNS

MGR

04/08/2009

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