

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000022862

Entity Name: ENDLESS MEMORIES, LLC

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4860 WILD HERON WAY  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

645 MAYPORT ROAD  
SUITE 4E  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

PO BOX 350250  
JACKSONVILLE, FL 32235

**New Mailing Address:**

645 MAYPORT ROAD  
SUITE 4E  
ATLANTIC BEACH, FL 32233

FEI Number: 20-8666710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOREE, JEAN N OWNER  
4860 WILD HERON WAY  
JACKSONVILLE, FL 32225 US

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

MOREE, JEAN N OWNER  
645 MAYPORT ROAD  
SUITE 4E  
ATLANTIC BEACH, FL 32233 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:

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOREE, JEAN  
Address: 645 MAYPORT ROAD, SUITE 4E  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: JEAN MOREE

MGRM

04/28/2010

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