

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030565

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** SESSIONS PLYMOUTH, LLC

**Current Principal Place of Business:**

226 S. COVE LANE  
PANAMA CITY, FL 324104030

**New Principal Place of Business:**

**Current Mailing Address:**

226 S. COVE LANE  
PANAMA CITY, FL 324104030

**New Mailing Address:**

**FEI Number:** 20-8685254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILCOX, ANN S  
226 S. COVE LANE  
PANAMA CITY, FL 324104030 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: MGR ( ) Delete  
Name: SILCOX, ANN S  
Address: 226 S. COVE LANE  
City-St-Zip: PANAMA CITY, FL 324104030

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ANN S SILCOX

MGR

04/08/2009

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