

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031176

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** MITCHELL MANAGEMENT OF FLORIDA, LLC

**Current Principal Place of Business:**

2180 MARAVILLA LANE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2180 MARAVILLA LANE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 01-0889860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAUCH-MITCHELL, THERESA M  
4340 S. GULF CIRCLE  
NORTH FORT MYERS, FL 33903 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:** MGRM ( ) Delete  
**Name:** BLAUCH-MITCHELL, THERESA M  
**Address:** 4340 S. GULF CIRCLE  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BLAUCH-MITCHELL, THERESA M  
**Address:** 2180 MARAVILLA LANE  
**City-St-Zip:** FORT MYERS, FL 33901

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:** THERESA M BLAUCH-MITCHELL

MGRM

04/09/2009

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