

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031632

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF ALISON ETHEREDGE HAND, LLC

**Current Principal Place of Business:**

2441 W. HIGHWAY 98, SUITE 109  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2461  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

**FEI Number:** 27-0641086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAND, ALISON E  
2441 W. HIGHWAY 98, SUITE 109  
SANTA ROSA BEACH, FL 32459 US

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

HAND, ALISON E  
322 MAGNOLIA CREEK RD  
SANTA ROSA BEACH, FL 32459 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:

03/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HAND, ALISON E  
Address: 322 MAGNOLIA CREEK ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: ALISON HAND

MGR

03/22/2011

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