

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000038197

**FILED**  
**Feb 05, 2010**  
**Secretary of State**

**Entity Name:** PEBBLE-FLEX OF FLORIDA, LLC

**Current Principal Place of Business:**

3887 MANNIX DR  
616  
NAPLES, FL 34114 US

**New Principal Place of Business:**

3899 MANNIX DR  
424  
NAPLES, FL 34114 US

**Current Mailing Address:**

480 THORPE COURT  
MARCO ISLAND, FL 34145 US

**New Mailing Address:**

**FEI Number:** 20-8820061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MORRIS, WILLIAM G ESQ.  
247 NORTH COLLIER BOULEVARD  
SUITE 202  
MARCO ISLAND, FL 34145 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  
**Name:** FULLER, WILLIAM G  
**Address:** 480 THORPE CT  
**City-St-Zip:** MARCO ISLAND, FL 34145

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: WILLIAM FULLER

MGR

02/05/2010

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