

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051877

**Entity Name:** CITRUS ASSETS LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1204 SOUTH SUFFOLK DRIVE  
TAMPA, FL 33629

**New Principal Place of Business:**

4601 W. SAN MIGUEL ST  
TAMPA, FL 33629

**Current Mailing Address:**

1204 SOUTH SUFFOLK DRIVE  
TAMPA, FL 33629

**New Mailing Address:**

PO BOX 320334  
TAMPA, FL 33679

**FEI Number:** 26-0479666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBBINS, R. JAMES JR.  
101 E. KENNEDY BLVD., STE. 3700  
TAMPA, FL 33602 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: RYALS, BARBARA H  
Address: 4601 W. SAN MIGUEL ST.  
City-St-Zip: TAMPA, FL 33629

Title: MGR  
Name: MYNARD, NANCY  
Address: 1208 DRUID LANE  
City-St-Zip: TAMPA, FL 33629

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: BARBARA HARVEY RYALS

MGR

01/06/2010

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