

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061717

Entity Name: LUCILLE V FLIPPEN, LLC

FILED  
Mar 23, 2008  
Secretary of State

**Current Principal Place of Business:**

802-806 NO LAKE AVE  
810-814 NO LAKE AVE  
LAKELAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

MS. LUCILLE V FLIPPEN  
252 NO. 7TH STREET  
NEWARK, NJ 07107

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

HELTON, SHIRLEY MS  
5322 MONTSERRAT DRIVE  
LAKELAND, FL 33812 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: FLIPPEN, LUCILLE V  
Address: 252 NO. 7TH STREET  
City-St-Zip: NEWARK, NJ 07107

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLIPPEN, LUCILLE V MS  
Address: 252 NO. 7TH STREET  
City-St-Zip: NEWARK, NJ 07107

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: LUCILLE V FLIPPEN

MS

03/23/2008

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