

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074585

**FILED**  
**Feb 08, 2010**  
**Secretary of State**

**Entity Name:** INGRAM CARE BEARS, LLC

**Current Principal Place of Business:**

1728 KINGSLEY AVENUE  
SUITE 8  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 9625  
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**FEI Number:** 26-0640728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEAGUE & JESPERSON, P.A.  
3955 RIVERSIDE AVENUE  
SUITE 100  
JACKSONVILLE, FL 32205 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  
**Name:** INGRAM, DENNISS  
**Address:** 1315 OAK LANDING LANE  
**City-St-Zip:** ORANGE PARK, FL 32003

**Title:** MGRM  
**Name:** INGRAM, JANICE  
**Address:** 1315 OAK LANDING LANE  
**City-St-Zip:** ORANGE PARK, FL 32003

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:** JANICE INGRAM

MGRM

02/08/2010

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