

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108515

Entity Name: MAXCY BECTON, LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1570 LAKEVIEW DR.  
SUITE 100  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

1570 LAKEVIEW DR.  
SUITE 100  
SEBRING, FL 33870 US

**New Mailing Address:**

440 NORTH HEADER CANAL RD  
FORT PIERCE, FL 34945 US

FEI Number: 26-1298294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAXCY, CHESTER G JR  
314 ROADRUNNER AVE  
SEBRING, FL 33872 US

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

BECTON, CLAYTON A  
6002 NETTLE PATH DR  
FORT PIERCE, FL 34951 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: CLAYTON A BECTON

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAXCY, CHESTER G JR.  
Address: 314 ROADRUNNER AVE.  
City-St-Zip: SEBRING, FL 33872 US

Title: MGRM  
Name: BECTON, CLAYTON  
Address: 6002 NETTLE PATH DR.  
City-St-Zip: FT. PIERCE, FL 34951 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: CLAYTON A BECTON

MGRM

04/14/2010

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