

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112086

Entity Name: LCS MANAGEMENT, L.L.C.

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

252 SOUTH S.R. 415  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

138 S. STATE ROAD 415  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

P.O. BOX 1500  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

FEI Number: 20-1465515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STORCH, GLENN D ESQ.  
C/O STORCH, MORRIS & HARRIS, L.L.C.  
420 SOUTH NOVA ROAD  
DAYTONA BEACH, FL 32114 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: HART, ROBERT L  
Address: P.O. BOX 1500  
City-St-Zip: NEW SMYRNA BEACH, FL 32170

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: ROBERT L. HART

MGR

03/03/2011

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