

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000010567

**Entity Name:** MAISANNES ENTERPRISES, LLC

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

196 PALMWOOD DRIVE  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

196 PALMWOOD DRIVE  
PALM COAST, FL 32164

**New Mailing Address:**

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

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

MAISANNES, INES F  
196 PALMWOOD DRIVE  
PALM COAST, FL 32164 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAISANNES, INES  
Address: 196 PALMWOOD DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: MGR  
Name: MAISANNES, WM. F  
Address: 196 PALMWOOD DRIVE  
City-St-Zip: PALM COAST, FL 32164

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: INES MAISANNES

MGR

03/30/2010

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