

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011725

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** HEATHERWOOD FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

4973 COBIAC DRIVE  
ST JAMES, FL 33956 US

**New Principal Place of Business:**

5507 BEN FRANKLIN LN  
FT MYERS, FL 33917 US

**Current Mailing Address:**

4973 COBIAC DRIVE  
ST JAMES, FL 33956 US

**New Mailing Address:**

5507 BEN FRANKLIN LN  
FT MYERS, FL 33917 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEDFOORD, DIANE T  
4973 COBIAC DRIVE  
ST JAMES, FL 33956 US

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

LEDFOORD, DIANE T  
5507 BEN FRANKLIN LN  
FT MYERS, FL 33917 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: DIANE T. LEDFORD

01/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LEDFORD, DIANE T  
Address: 5507 BEN FRANKLIN LN  
City-St-Zip: FT MYERS, FL 33917 US

Title: MGRM  
Name: LEDFORD, RONALD P  
Address: 5507 BEN FRANKLIN LN  
City-St-Zip: FT MYERS, FL 33917 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: DIANE LEDFORD

MGR

01/25/2010

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