

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050559

Entity Name: LMN OF FLAGLER, L.L.C.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

7 FLORIDA PARK DRIVE
STE F
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

7 FLORIDA PARK DRIVE
STE F
PALM COAST, FL 32137

New Mailing Address:

PO BOX 1740
FLAGLER BEACH, FL 32136

FEI Number: 26-2717439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO & GUNTARP PA
4 OLD KINGS ROAD NORTH
STE B
PALM COAST, FL 32137 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 () Delete
Name: THORNHILL, LESLIE
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: CHIUMENTO, MICHAEL D III
Address: 4 OLD KINGS ROAD NORTH STE B
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: JEBBIA, NICK
Address: 8 MONTILLA PLACE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NICK JEBBIA

MGRM

04/13/2009

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