

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055471

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** SUZANNE RICE DESIGN CONSULTANTS LLC.

**Current Principal Place of Business:**

304 S MAGNOLIA AVE  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 772351  
OCALA, FL 344772351

**New Mailing Address:**

33 LAKEWOOD CIRCLE  
OCALA, FL 34482

FEI Number: 26-3073350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICE, JAMES L  
33 LAKEWOOD CIR  
OCALA, FL 34482 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: RICE, L SUZANNE  
Address: 33 LAKEWOOD CIR  
City-St-Zip: Ocala, FL 34482

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: SUZANNE RICE

OWNE

02/16/2010

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