

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058837

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** 3900 OAK HAMMOCK LANE, LLC

**Current Principal Place of Business:**

5746 CLYDESDALE LANE  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

5746 CLYDESDALE LANE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 26-4667625      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CONNIE ARLINE HEFFELFINGER  
5746 CLYDESDALE LANE  
PORT ST. LUCIE, FL 34987      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  
**Name:** CONNIE ARLINE HEFFELFINGER  
**Address:** 5746 CLYDESDALE LANE  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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: CONNIE ARLINE HEFFELFINGER

MGRM

05/03/2010

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