

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000067281

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** MINORCA PROPERTIES AND WOOD RESTORATION LLC.

**Current Principal Place of Business:**

275 N GAINES STREET  
OAK HILL, FL 32759

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 731  
OAK HILL, FL 32759

**New Mailing Address:**

**FEI Number:** 26-0824859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IASIMONE, BETH A  
275 N GAINES ST  
OAK HILL, FL 32759 US

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

IASIMONE, BETH A OWNER  
275 N GAINES ST  
OAK HILL, FL 32759 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: BETH A IASIMONE, OWNER

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: OWNR ( ) Change (X) Addition  
Name: IASIMONE, BETH A OWNER  
Address: 275 N GAINES ST BOX 731  
City-St-Zip: OAK HILL, FL 32759

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: BETH A IASIMONE, OWNER

OWNR

04/28/2009

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