

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069600

**FILED**  
**Jun 10, 2010**  
**Secretary of State**

**Entity Name:** SHOWTIME OF OLD TOWN, LLC.

**Current Principal Place of Business:**

25867 SE HWY 19  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 71  
WILLISTON, FL 32996

**New Mailing Address:**

**FEI Number:** 26-2999476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRBY, DARYL S  
139 SE 4TH ST.  
WILLISTON, FL 32696 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: KIRBY, DARYL S  
Address: P.O. BOX 71  
City-St-Zip: WILLISTON, FL 32696

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: DARYL S. KIRBY

MGRM

06/10/2010

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