

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094475

Entity Name: LPDS LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

1449 NE OLD MILL DR  
DELTONA, FL 32725 US

## New Principal Place of Business:

18103 LYMESTONE CT.  
NEW SMYRNA BEACH, FL 32168 US

## Current Mailing Address:

1449 NE OLD MILL DR  
DELTONA, FL 32725 US

## New Mailing Address:

18103 LYMESTONE CT.  
NEW SMYRNA BEACH, FL 32168 US

FEI Number: 26-3570577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

POWELL, LISA  
1449 NE OLD MILL DR  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

POWELL, LISA  
18103 LYMESTONE CT.  
NEW SMYRNA BEACH, FL 32168 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POWELL, LISA  
Address: 1449 NE OLD MILL DR  
City-St-Zip: DELTONA, FL 32725 US

Title: MGRM ( ) Delete  
Name: ST. PIERRE, DAVID J JR  
Address: 1449 NE OLD MILL DR  
City-St-Zip: DELTONA, FL 32725 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: POWELL, LISA  
Address: 18103 LYMESTONE CT.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGR (X) Change ( ) Addition  
Name: ST. PIERRE, DAVID J JR.  
Address: 18103 LYMESTONE CT.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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: LISA POWELL

MGRM

04/29/2009

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