

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094793

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** FLORIDAS WEALTH MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

7209 DERWENT GL CIR.  
LAND O LAKES, FL 34637

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1393  
LAND O LAKES, FL 34639

**New Mailing Address:**

1017 DOCKSIDE DR  
LUTZ, FL 33559

**FEI Number:** 26-3333985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JENKINS, DIANA M  
7209 DERWENT GL CIR.  
LAND O LAKES, FL 34637 US

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

MATZKE, SCARLETT M  
1017 DOCKSIDE DR  
LUTZ, FL 33559 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: SCARLETT MATZKE

02/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JENKINS, ALLAN  
Address: PO BOX 1393  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM  
Name: JENKINS, DIANA M  
Address: PO BOX 1393  
City-St-Zip: LAND O LAKES, FL 34639

Title: MGRM  
Name: RAWLINS, SUMMER C MRS.  
Address: 8522 WESTERLAND DR  
City-St-Zip: LAND-O-LAKES, FL 34637

Title: MGRM  
Name: FORD, TERRINA M  
Address: PO BOX 1393  
City-St-Zip: LAND O LAKES, FL 34639

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: SCARLETT MATZKE

MGRM

02/23/2010

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