2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2010
Secretary of State

DOCUMENT# L08000100955

Entity Name: IRISH TIDE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1142 VIRGINIA AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

1142 VIRGINIA AVE.
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 26-3616414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWLER, KAREN A
1142 VIRGINIA AVE.
ALTAMONTE SPRINGS, FL 32701 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: WELCH, BRENDA A
Address: 1142 VIRGINIA AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: MGRM
Name: LAWLER, KAREN A
Address: 1142 VIRGINIA AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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 Statues.

SIGNATURE: KAREN A LAWLER MGRM 04/07/2010

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