

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000102705

Entity Name: FLORISCAPE L.L.C

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5018 CASTLE LANE  
HOLIDAY, FL 34690

**New Principal Place of Business:**

**Current Mailing Address:**

3152 LITTLE ROAD  
179  
TRINITY, FL 34655

**New Mailing Address:**

FEI Number: 26-3674348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAKER, DAVID  
1545 REGAL MIST LOOP  
TRINITY, FL 34655 US

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

BAKER, DAVID B  
1545 REGAL MIST LOOP  
TRINITY, FL 34655 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: DAVID B BAKER

06/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BAKER, DAVID B  
Address: 1545 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655

Title: MGRM  
Name: BAKER, JENNIFER R  
Address: 1545 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655

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: DAVID B BAKER

MGRM

06/01/2011

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