

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110407

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** THE ARMORY AT MICANOPY, LLC

**Current Principal Place of Business:**

13985 NE 45TH AVENUE  
ANTHONY, FL 32617

**New Principal Place of Business:**

**Current Mailing Address:**

13985 NE 45TH AVENUE  
ANTHONY, FL 32617

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

OLVERA, TOBY V  
207 S. MARION AVENUE  
LAKE CITY, FL 320560550 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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      HALL, CALVIN J  
Address:                      13985 N. E. 45 TH AVE.  
City-St-Zip:                      ANTHONY, FL 32617 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: CALVIN J. HALL

MR

04/29/2009

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