

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111736

Entity Name: PAUL M. REEVES, P.L.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

61 ETHAN ALLEN DRIVE  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

61 ETHAN ALLEN DRIVE  
PALM COAST, FL 32164 US

**New Mailing Address:**

FEI Number: 80-0307008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REEVES, PAUL M  
61 ETHAN ALLEN DRIVE  
PALM COAST, FL 32164 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: REEVES, ANNE M  
Address: 61 ETHAN ALLEN DRIVE  
City-St-Zip: PALM COAST, FL 32164 US

Title: MGRM  
Name: REEVES, PAUL M  
Address: 61 ETHAN ALLEN DRIVE  
City-St-Zip: PALM COAST, FL 32164 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 Statutes.

SIGNATURE: PAUL M REEVES

MGRM

01/04/2011

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