

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006324

**FILED**  
**Sep 17, 2010**  
**Secretary of State**

**Entity Name:** LSCOCHRAN ENTERPRISES, LLC

**Current Principal Place of Business:**

912 FLAMINGO AVENUE  
STUART, FL 34996 US

**New Principal Place of Business:**

**Current Mailing Address:**

912 FLAMINGO AVENUE  
STUART, FL 34996 US

**New Mailing Address:**

**FEI Number:** 26-4391190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COCHRAN, LYNDA S  
912 FLAMINGO AVENUE  
STUART, FL 34996 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:** COCHRAN, LYNDA S  
**Address:** 912 FLAMINGO AVENUE  
**City-St-Zip:** STUART, FL 34996 US

**Title:** MGRM  
**Name:** BURTON, KAREN L  
**Address:** 12129 CASH VALLEY ROAD  
**City-St-Zip:** CUMBERLAND, MD 21502 US

**Title:** MGRM  
**Name:** BURTON, BENJAMIN  
**Address:** 12129 CASH VALLEY ROAD  
**City-St-Zip:** CUMBERLAND, MD 21502 US

**Title:** MGR  
**Name:** COCHRAN, MAMIE A  
**Address:** 85A WRIGHT STREET  
**City-St-Zip:** FROSTBURG, MD 21532 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:** LYNDA S. COCHRAN

MS

09/17/2010

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