

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011950

**Entity Name:** OWENS AND OWENS, LLC

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

901 W. WARREN AVE., SUITE 1001  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

901 W. WARREN AVE., SUITE 1001  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 26-4227504

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DUBE, DEBRA  
901 W. WARREN AVE., SUITE 1001  
LONGWOOD, FL 32750 US

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

OWENS, MARIAH  
901 W. WARREN AVE., SUITE 1001  
LONGWOOD, FL 32750 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: MARIAH OWENS, MANAGING MEMBER

07/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OWENS, MARIAH  
Address: 901 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

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: MARIAH OWENS, MANAGING MEMBER

MMMR

07/29/2010

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