

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000020607

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** CAPTAIN AL MANSFIELD, LLC

**Current Principal Place of Business:**

819 EAST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

819 EAST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 80-0206607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANSFIELD, ALTON  
819 EAST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 US

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

MANSFIELD, ALTON MGRM  
819 EAST RIVER OAK DRIVE  
ORMOND BEACH, FL 32174 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: ALTON MANSFIELD

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MANSFIELD, ALTON MGRM  
Address: 819 EAST RIVER OAK DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 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: ALTON MANSFIELD

MGRM

04/28/2010

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