

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000027102

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** TARA B. CONNER, P.L.L.C.

**Current Principal Place of Business:**

12171 BEACH BLVD.  
UNIT 1426  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

12620-3 BEACH BLVD.  
PMB 319  
JACKSONVILLE, FL 32246

**New Mailing Address:**

12620-3 BEACH BLVD.  
STE 319  
JACKSONVILLE, FL 32246

**FEI Number:** 61-1592937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, TARA  
12620-3 BEACH BLVD.  
PMB 319  
JACKSONVILLE, FL 32246 US

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

CONNER, TARA  
12620-3 BEACH BLVD.  
STE 319  
JACKSONVILLE, FL 32246 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:** TARA B. CONNER

01/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CONNER, TARA  
**Address:** 12620-3 BEACH BLVD.  
**City-St-Zip:** JACKSONVILLE, FL 32246 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:** TARA B. CONNER

MGR

01/12/2010

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