

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035817

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

**Entity Name:** FLORIDA NEWS DELIVERY, LLC

**Current Principal Place of Business:**

6653 POWERS AVE. #242  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

11246 DISTRIBUTION AVE E  
2  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

6653 POWERS AVE. #242  
JACKSONVILLE, FL 32217

**New Mailing Address:**

11246 DISTRIBUTION AVE E  
2  
JACKSONVILLE, FL 32256

**FEI Number:** 80-0396446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALSH, CLIFFORD JAMES  
6653 POWERS AVE. #242  
JACKSONVILLE, FL 32217 US

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

WALSH, CLIFFORD JAMES  
11246 DISTRIBUTION AVE E  
2  
JACKSONVILLE, FL 32217 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: CLIFFORD JAMES WALSH

09/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALSH, CLIFFORD JAMES  
Address: 11246 DISTRIBUTION AVE E STE 2  
City-St-Zip: JACKSONVILLE, FL 32256

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: CLIFFORD JAMES WALSH

MGR

09/17/2010

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