

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000045123

**FILED**  
**Dec 06, 2010**  
**Secretary of State**

**Entity Name:** OLD CITY DESIGN CENTER LLC

**Current Principal Place of Business:**

1685 US 1 SOUTH  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

1685 US 1 SOUTH  
ST. AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 26-4832298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERSEY, RICHARD E  
1685 US 1 SOUTH  
ST. AUGUSTINE, FL 32084 US

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

HERSEY, RICHARD E JR  
1685 US 1 SOUTH  
ST. AUGUSTINE, FL 32084 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: RICHARD HERSEY

12/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HERSEY, RICHARD E  
Address: 1685 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM  
Name: HERSEY, SANDRA D  
Address: 1685 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM  
Name: HERSEY, BRANDON R  
Address: 1685 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM  
Name: HERSEY, TREVOR R  
Address: 1685 US 1 SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: MGRM  
Name: PIERCE, MICHAEL D  
Address: 2410 SHORE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32086 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: RICHARD E HERSEY

MGR

12/06/2010

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