

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060190

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** METAMORPHOSIS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

2124 CORINNE ST.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2124 CORINNE ST.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 80-0175985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WOODS-ALLEN, PATRICIA  
2124 CORINNE ST.  
TALLAHASSEE, FL 32308 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOODS-ALLEN, PATRICIA  
Address: 2124 CORINNE ST.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: ROBINSON, CATHY  
Address: 1922 SHEBY COURT  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM  
Name: IVEY, BARBARA  
Address: 333 N. CHARLES WILLIAM  
City-St-Zip: MIDWAY, FL 32343

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:** PATRICIA WOODS-ALLEN

MGRM

04/20/2010

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