

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000069296

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF IRENE PONS, ESQ., LLC

**Current Principal Place of Business:**

14730 CLARKSON DR.  
ORLANDO, FL 32828

**New Principal Place of Business:**

533 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**Current Mailing Address:**

14730 CLARKSON DR.  
ORLANDO, FL 32828

**New Mailing Address:**

533 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 US

**FEI Number:** 27-0575093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONS, IRENE B  
14730 CLARKSON DR.  
ORLANDO, FL 32828 US

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

PONS, IRENE B  
533 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32801 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: IRENE B. PONS

02/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PONS, IRENE B ESQ.  
Address: 533 NORTH MAGNOLIA AVENUE  
City-St-Zip: ORLANDO, FL 32801 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: IRENE PONS

P

02/18/2010

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