

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085024

Entity Name: LAURIE A. SICARD, PL

**FILED**  
**Mar 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5515 LEGACY CRESSANT PLACE  
APT. 201  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

5515 LEGACY CRESSANT PLACE  
APT. 201  
RIVERVIEW, FL 33578

**New Mailing Address:**

FEI Number: 27-0895766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SICARD, LAURIE A  
5515 LAGACY CRESSANT PLACE  
APT. 201  
RIVERVIEW, FL 33578 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: MGR  
Name: SICARD, LAURIE A  
Address: 5515 LEGACY CRESSANT PLACE, APT. 201  
City-St-Zip: RIVERVIEW, FL 33578

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: LAURIE A. SICARD

MGR

03/26/2010

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