

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100296

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

**Entity Name:** FLORIDA COMMUNITY DEVELOPMENT SERVICES, LLC

**Current Principal Place of Business:**

2401 SW MONTERREY LANE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

196 NW WILLOW GROVE AVENUE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

2401 SW MONTERREY LANE  
PORT ST. LUCIE, FL 34953

**FEI Number:** 27-1227885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUDLEY, FRED R  
315 S. CALHOUN STREET  
SUITE #600  
TALLAHASSEE, FL 32301 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: TREASURE COAST DEVELOPMENT SERVICES CORPOR  
Address: 196 NW WILLOW GROVE AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGR  
Name: BISHOP, CONNIE E MGR  
Address: 2401 NW MONTERREY LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: CONNIE E. BISHOP

MGR

01/06/2010

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