

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100296

**FILED**  
**Jan 10, 2011**  
**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:**

2401 SW MONTERREY LANE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

**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:**

BISHOP, CONNIE E MGR  
196 NW WILLOW GROVE AVENUE  
PORT SAINT LUCIE, FL 34986 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: CONNIE E. BISHOP

01/10/2011

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

01/10/2011

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