

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103689

Entity Name: LAURA CASON, LLC

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

100 HOLLOW BRANCH CROSSING  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

100 HOLLOW BRANCH CROSSING  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 27-1202930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SNELL, GREGORY D ESQ.  
SNELL LEGAL  
160 EAST GRANADA BLVD  
ORMOND BEACH, FL 32176 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: CASON, LAURA R  
Address: 100 HOLLOW BRANCH CROSSING  
City-St-Zip: ORMOND BEACH, FL 32174

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: LAURA CASON

MGRM

04/08/2010

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