

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000121177

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** ALICYA SIMMONS & ASSOCIATES, LLC

**Current Principal Place of Business:**

5255 S. ATLANTIC AVENUE, STE. 303  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

5255 S. ATLANTIC AVENUE, STE. 303  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 04-3834609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, ALICYA V  
5255 S. ATLANTIC AVENUE, STE. 303  
NEW SMYRNA BEACH, FL 32169 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: SIMMONS, ALICYA V  
Address: 5255 S. ATLANTIC AVENUE, STE. 303  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: ALICYA SIMMONS

MGR

04/12/2010

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