

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112743

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** D.P. LYDON & ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

5820 N. CHURCH AVENUE, STE. 257  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5496  
TAMPA, FL 33675

**New Mailing Address:**

**FEI Number:** 27-4054377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYDON, PATRICIA  
191 MARVIN JONES ROAD  
CRESCENT CITY, FL 32112 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: LYDON, DAVID P JR  
Address: P.O. BOX 5496  
City-St-Zip: TAMPA, FL 33675

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: DAVID P. LYDON JR.

MGR

03/17/2011

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