

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123244

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TEXTOPTIONS PLUS LLC

**Current Principal Place of Business:**

6999-02 MERRILL ROAD  
#234  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

8532 VERMANTH ROAD  
JACKSONVILLE, FL 32211 US

**Current Mailing Address:**

6999-02 MERRILL ROAD  
#234  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

8532 VERMANTH ROAD  
JACKSONVILLE, FL 32211 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SNEAD, JAMES D III  
8532 VERMANTH ROAD  
JACKSONVILLE, FL 32211 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: SNEAD, JAMES D III  
Address: 8532 VERMANTH ROAD  
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: MGR  
Name: SNEAD, JENNIFER F  
Address: 8532 VERMANTH ROAD  
City-St-Zip: JACKSONVILLE, FL 32211 US

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: JAMES D SNEAD,III                      MGR                      04/27/2011

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