

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001238

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** SDI OF ARCADIA, LLC

**Current Principal Place of Business:**

2729 SOUTH EAST HWY 70  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

299 STALLINGS BRIDGE RD  
TYLERTOWN, MS 39667

**New Mailing Address:**

**FEI Number:** 20-2383583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARVEY, CARY L MGRM  
2729 SOUTH EAST HWY 70  
ARCADIA, FL 34266 US

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

SHINN, DONALD D  
11719 CREST CREEK DRIVE  
RIVERVIEW, FL 33569 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:** DONALD DWAIN SHINN

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARVEY, CARY L  
**Address:** 299 STALLINGS BRIDGE RD  
**City-St-Zip:** TYLERTOWN, MS 39667

**Title:** MGR  
**Name:** SHINN, DONALD D  
**Address:** 11714 CREST CREEK DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33569

**Title:** MGRM  
**Name:** MISS FLORA SONICS, LLC  
**Address:** 299 STALLINGS BRIDGE RD  
**City-St-Zip:** TYLERTOWN, MS 39667

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:** CARY L HARVEY

MGR

04/07/2011

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