

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101728

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** 323 DEL PRADO BLVD. S. LLC

**Current Principal Place of Business:**

5686 SHADDELEE LANE W.  
FORT MYERS, FL 33919

**New Principal Place of Business:**

323 DEL PRADO BLVD., S.  
SUITE 100  
CAPE CORAL, FL 33990 US

**Current Mailing Address:**

5686 SHADDELEE LANE W.  
FORT MYERS, FL 33919

**New Mailing Address:**

323 DEL PRADO BLVD., S.  
SUITE 100  
CAPE CORAL, FL 33990 US

FEI Number: 27-3754294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PENUKONDA, ARUN K  
5686 SHADDELEE LANE W.  
FORT MYERS, FL 33919 US

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

PENUKONDA, ARUN K  
323 DEL PRADO BLVD., S.  
SUITE 100  
CAPE CORAL, FL 33990 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:

01/05/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PENUKONDA, ARUN K  
Address: 323 DEL PRADO BLVD., S., SUITE 100  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: MGR  
Name: PENUKONDA, SARADA  
Address: 323 DEL PRADO BLVD. S., SUITE 100  
City-St-Zip: CAPE CORAL, FL 33990 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: ARUN K. PENUKONDA

MGR

01/05/2012

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