

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034642

Entity Name: 2169 ANDREA LANE, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD., SUITE 300  
BONITA, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CUMMINGS & LOCKWOOD LLC  
8000 HEALTH CENTER BLVD., SUITE 300  
BONITA, FL 34135 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CLASP, INC.  
3001 TAMiami TRAIL N.  
4TH FLOOR  
NAPLES, FL 34103 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: LOVEJOY, L. DIANE  
Address: 8000 HEALTH CENTER BLVD., #400  
City-St-Zip: BONITA SPRINGS, FL 34135 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: SALLY PITLYK

AGNT

04/10/2012

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