

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000010428

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC1159006868**

**Entity Name:** WHISPERING WOODS CENTER L.L.C.

**Current Principal Place of Business:**

1150 E HALLANDALE BEACH BLVD  
B  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1150 E HALLANDALE BEACH BLVD  
B  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 04-3807047

**Certificate of Status Desired:** No

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

DORNBUSCH, HARRY  
1150 E HALLANDALE BEACH BLVD SUITE B  
HALLNADALE BEACH, FL 33009 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	DORNBUSCH, HARRY	Name	DORNBUSCH, JAIME
Address	1150 E HALLANDALE BEACH BLVD SUITE B	Address	1150 E HALLANDALE BEACH BLVD SUITE B
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARRY DORNBUSCH

**PRESIDENT**

**01/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date