

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101728

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 27-3754294

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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:** ARUN K. PENUKONDA, MD

**MANAGER**

**01/28/2013**

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

\_\_\_\_\_  
Date