

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091061

**Entity Name:** 2712 WEST LINDEN AVENUE, LLC

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

C/O MEYERS & ASSOCIATE, CPA, PA  
4540 PGA BOULEVARD, SUITE 216  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 45-3060917

**Certificate of Status Desired:** No

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

MEYERS, GAIL C  
4540 PGA BOULEVARD  
SUITE 216  
PALM BEACH GARDENS, FL 33418 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            AMBR  
Name            PETER HALMOS & SONS, INC.  
Address        700 SOUTH OLIVE AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GAIL C. MEYERS

**TREASURER FOR AMBR    03/28/2014**

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

\_\_\_\_\_  
Date