

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102444

**FILED**  
**Apr 09, 2014**  
**Secretary of State**  
**CC8525134222**

**Entity Name:** SITEX MEDICAL PLAZA, LLC

**Current Principal Place of Business:**

3680 AVALON PARK EAST BLVD., STE. 300  
ORLANDO, FL 32828

**Current Mailing Address:**

3680 AVALON PARK EAST BLVD., STE.300  
ORLANDO, FL 32828 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WEBSTER & PARTNERS  
450 N. WYMORE RD.  
WINTER PARK, FL 32789 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	MGRM
Name	KAHLI, BEAT	Name	MARKS, ERIC
Address	3680 AVALON PARK EAST BLVD., STE. 300	Address	3680 AVALON PARK EAST BLVD.,STE.300
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32828

*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:** BEAT KAHLI

**PRESIDENT**

**04/09/2014**

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

\_\_\_\_\_  
Date