

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054508

**Entity Name:** 207 BROAD AVENUE SOUTH, LLC

**Current Principal Place of Business:**

414 EAST 1ST STREET  
HINSDALE, IL 60521

**Current Mailing Address:**

414 EAST 1ST STREET  
HINSDALE, IL 60521 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

COLEMAN YOVANOVICH & KOESTER, P.A.  
4001 TAMiami TRAIL NORTH  
300  
NAPLES, FL 34103 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            | LARSON, BRUCE C     | Name            | LARSON, KAREN L     |
| Address         | 414 EAST 1ST STREET | Address         | 414 EAST 1ST STREET |
| City-State-Zip: | HINSDALE IL 60521   | City-State-Zip: | HINSDALE IL 60521   |

*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:** BRUCE LARSON

**PRESIDENT**

**01/30/2014**

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

\_\_\_\_\_  
Date