

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000570

**Entity Name:** 840 E. OSCEOLA STREET, L.L.C.

**Current Principal Place of Business:**

840 E. OSCEOLA STREET, LLC  
1701 SE HILLMOOR DRIVE SUITE 8  
PORT ST LUCIE, FL 34952

**Current Mailing Address:**

840 E. OSCEOLA STREET  
1701 SE HILLMOOR DRIVE SUITE 8  
PORT ST LUCIE, FL 34952

**FEI Number:** 65-0890967

**Certificate of Status Desired:** No

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

PAUL, MICHAEL MD  
1701 SE HILLMOOR DRIVE  
SUITE 8  
PORT ST LUCIE, FL 34952 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 MGRM  
Name PAUL, MICHAEL M.D.  
Address 1701 SE HILLMOOR DRIVE SUITE 8  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** MICHAEL PAUL

**PRESIDENT**

**01/29/2013**

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

\_\_\_\_\_  
Date