

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000001965

Entity Name: CALYPSO LLC

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12067 EDGEWATER DR. N.  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

12067 EDGEWATER DR. N.  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-0987486

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HARMS, DOROTHEA B  
12067 EDGEWATER DR. W.  
PALM BEACH GARDENS, FL 33410 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HARMS, HAROLD H  
Address: 12067 EDGEWATER DR. N.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: HARMS, DOROTHEA  
Address: 12067 EDGEWATER DR. N.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: HARMS, JAMES J  
Address: 12067 EDGEWATER DR. N.  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: MGR  
Name: HARMS, THOMAS H  
Address: 12067 EDGEWATER DRIVE N  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

I hereby certify that the information indicated on this 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.

SIGNATURE: DOROTHEA HARMS

MGR

01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date