

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L00000006793

Entity Name: 600 L.C.

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1885 WEST HWY 520  
COCOA, FL 32926

**New Principal Place of Business:**

**Current Mailing Address:**

707 S WASHINGTON BLVD  
SARASOTA, FL 34236

**New Mailing Address:**

FEI Number: 65-1016920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORNSTEIN, MARK  
50 CENTRAL AVE  
SUITE 930  
SARASOTA, FL 34236 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: MGRM  
Name: 1099 MANAGEMENT COMPANY, L.L.C.  
Address: 50 CENTRAL AVE, SUITE 900  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: DE MASSO, SCOTT  
Address: 1885 WEST HWY 520  
City-St-Zip: COCOA, FL 32966

Title: TS  
Name: TRIPI, TONI  
Address: 707 S WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: VP  
Name: KEVIN, BRODSKY S  
Address: 3907 BAYSHORE BLVD.  
City-St-Zip: TAMPA, FL 33611

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: TONI L TRIPI

TS

10/18/2012

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