

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000007512

**Entity Name:** PDB SHERMAN, LLC

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

800 N MAGNOLIA AVE  
SUITE 1500  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2346  
ORLANDO, FL 328022346

**New Mailing Address:**

**FEI Number:** 59-3654453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEAN MEAD SERVICES, LLC  
800 NORTH MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO, FL 32803 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:** DOUGLAS P. SHERMAN REVOCABLE TRUST  
**Address:** 2604 LUCERNE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MGRM  
**Name:** BARBARA SHERMAN SIMPSON REVOCABLE TRUST  
**Address:** 490 PEE DEE RD  
**City-St-Zip:** SOUTHERN PINES, NC 28387

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:** DOUGLAS P. SHERMAN

MGRM

03/12/2012

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