

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010220

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** SOUTHFIELDS PLAZA, L.L.C.

**Current Principal Place of Business:**

3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 30-0075462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOFASO, PETER F  
3975 ISLES VIEW DRIVE  
WELLINGTON, FL 33414 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:** LOFASO, PETER F  
**Address:** 3975 ISLES VIEW DRIVE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGRM  
**Name:** LOFASO, JOAN W  
**Address:** 10674 GREENBRIER VILLA DR.  
**City-St-Zip:** LAKE WORTH, FL 33467

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:** PETER F. LOFASO

MGRM

03/16/2012

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