

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000010464

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

**Entity Name:** INTERSTITIAL ENTERPRISES, LLC

**Current Principal Place of Business:**

1526 UNIVERSITY BLVD. WEST  
SUITE 205  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

4320 DEERWOOD LAKE PKWY  
SUITE 101-146  
JACKSONVILLE, FL 32216 US

**Current Mailing Address:**

1526 UNIVERSITY BLVD. WEST  
SUITE 205  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

4320 DEERWOOD LAKE PKWY  
SUITE 101-146  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-3961320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, JOHN C  
1526 UNIVERSITY BLVD. WEST  
SUITE 205  
JACKSONVILLE, FL 32217 US

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

NORRIS, JOHN C  
4320 DEERWOOD LAKE PKWY  
SUITE 101-146  
JACKSONVILLE, FL 32216 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:

04/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NORRIS, JOHN C  
Address: 4320 DEERWOOD LAKE PKWY SUITE 101-146  
City-St-Zip: JACKSONVILLE, FL 32216 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: JOHN C. NORRIS

MGRM

04/16/2012

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