

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000003176

Entity Name: XPERIENT LLC

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2290 N. RONALD REAGAN BLVD., SUITE 136  
LONGWOOD, FL 32750

## **New Principal Place of Business:**

250 W. CHURCH AVE  
SUITE 100  
LONGWOOD, FL 32750

## **Current Mailing Address:**

2290 N. RONALD REAGAN BLVD., SUITE 136  
LONGWOOD, FL 32750

## **New Mailing Address:**

250 W. CHURCH AVE  
SUITE 100  
LONGWOOD, FL 32750

FEI Number: 01-0768841

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCORMICK, JASON  
2290 N RONALD REAGAN BLVD., SUITE 136  
LONGWOOD, FL 32750 US

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

MCCORMICK, JASON  
250 W. CHURCH AVE.  
SUITE 100  
LONGWOOD, FL 32750 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:

02/14/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCORMICK, JASON  
Address: 250 W. CHURCH AVE., SUITE 100  
City-St-Zip: LONGWOOD, FL 32750

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: JASON MCCORMICK

MGM

02/14/2012

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