

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003406

Entity Name: ST. JOHNS LLC

FILED  
Jan 10, 2012  
Secretary of State

**Current Principal Place of Business:**

530 S. RONALD REAGAN BLVD, SUITE 116  
LONGWOOD, FL 32750

**New Principal Place of Business:**

530 S. RONALD REAGAN BLVD, SUITE 100  
LONGWOOD, FL 32750

**Current Mailing Address:**

530 S. RONALD REAGAN BLVD, SUITE 116  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 45-0499069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIGUEIREDO, MARIE T  
530 S. RONALD REAGAN BLVD. #116  
LONGWOOD, FL 32750 US

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

FIGUEIREDO, MARIE T  
530 S. RONALD REAGAN BLVD. #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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/10/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FIGUEIREDO, MARIE T  
Address: 530 S. RONALD REAGAN BLVD. #100  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM  
Name: MAKSIMOWICZ, ROBERT J  
Address: 530 S. RONALD REAGAN BLVD. #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: MARIE T. FIGUEIREDO

MNG

01/10/2012

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