

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000045972

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** DELAND MEDICAL OFFICE BUILDING, LLC

**Current Principal Place of Business:**

1025 N. STONE STREET  
SUITE B  
DELAND, FL 32720 US

**New Principal Place of Business:**

**Current Mailing Address:**

1025 N. STONE STREET  
SUITE B  
DELAND, FL 32720 US

**New Mailing Address:**

**FEI Number:** 20-2885377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANDOLPH, ANDREW J  
1025 N. STONE STREET  
SUITE B  
DELAND, FL 32724 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: P  
Name: RANDOLPH, ANDREW J  
Address: 1025 N. STONE STREET, SUITE B  
City-St-Zip: DELAND, FL 32720 US

Title: VP  
Name: RANDOLPH, ANA ROSA  
Address: 1025 N STONE STREET, SUITE B  
City-St-Zip: DELAND, FL 32720

Title: S  
Name: RANDOLPH, ANDREW J  
Address: 1025 N STONE STREET, SUITE B  
City-St-Zip: DELAND, FL 32720

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: ANDREW J. RANDOLPH

MGRM

04/28/2011

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