

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020366

Entity Name: ODYSSEY ADVISOR, LLC

FILED
Apr 26, 2012
Secretary of State

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 20-0889679

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PETER A MCFARLANE PA
500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 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: C
Name: MAXWELL, LAWRENCE W
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: P
Name: MAXWELL, LAWRENCE T
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: T
Name: DROST, WILLIAM
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: S
Name: CLARK, RONALD L
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801 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: LAWRENCE W MAXWELL

C

04/26/2012

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