

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050109

Entity Name: 2509 1ST STREET, LLC

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

420 20TH AVE.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

420 20TH AVE.  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 20-1335553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAROCOPOS, LAMPROS  
420 20TH AVE.  
INDIAN ROCKS BEACH, FL 33785 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: MGRM  
Name: SMITH, PETER A  
Address: 2036 - 20TH AVENUE PARKWAY  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM  
Name: SMITH, PARASQUEVI  
Address: 2036 - 20TH AVENUE PARKWAY  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM  
Name: HAROCOPOS, EVELYN  
Address: 420 20TH AVENUE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM  
Name: HAROCOPOS, MARIA  
Address: 2012 BAY BLVD  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM  
Name: HAROCOPOS, LAMPROS  
Address: 420 20TH AVE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: LAMPROS HAROCOPOS

PRES

03/28/2012

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