

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062463

Entity Name: HALIFAX PARTNERS, LLC

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2627 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

2627 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935

**New Mailing Address:**

FEI Number: 20-2790792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WRIGHT, SCOTT  
2285 W. EAU GALLIE BLVD.  
MELBOURNE, FL 32935 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: SHEIN, DAVID E  
Address: 2627 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM  
Name: CHARPENTIER, STEPHEN G  
Address: 2285 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM  
Name: WRIGHT, SCOTT  
Address: 2285 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935

Title: MRGM  
Name: WENTE, BRENT R  
Address: 2627 W. EAU GALLIE BLVD.  
City-St-Zip: MELBOURNE, FL 32935

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: DAVID E SHEIN

MGRM

04/02/2012

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