

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067770

Entity Name: 316 PONCE DE LEON, LLC

FILED
Jan 04, 2012
Secretary of State

Current Principal Place of Business:

316 PONCE DE LEON BLVD
BELLEAIR, FL 33756

New Principal Place of Business:

Current Mailing Address:

5930 SEASIDE DR
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYNSTAD, WAYNE C
5930 SEASIDE DR
NEW PORT RICHEY, FL 34652 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: MGR
Name: SYNSTAD, WAYNE C
Address: 5930 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM
Name: SYNSTAD, CHERREL
Address: P.O.BOX 25306
City-St-Zip: SCOTTSDALE, AZ 85255

Title: MGRM
Name: KOHLER, FRANK
Address: P.O. BOX 246
City-St-Zip: TALL TIMBERS, MD 20690

Title: MGRM
Name: KOHLER, MICHELLE L
Address: P.O. BOX 246
City-St-Zip: TALL TIMBERS, MD 20690

Title: MGRM
Name: SYNSTAD, FRANCES A
Address: 5930 SEASIDE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

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: WAYNE C. SYNSTAD

MR

01/04/2012

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