

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000008502

Entity Name: 19-205 LLC

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7925 QUIDA DRIVE  
WEST PALM BEACH, FL 33411 US

**New Principal Place of Business:**

4275 OKEECHOBEE BLVD  
SUITE E  
WEST PALM BEACH, FL 33409 US

**Current Mailing Address:**

7925 QUIDA DRIVE  
WEST PALM BEACH, FL 33411 US

**New Mailing Address:**

4275 OKEECHOBEE BLVD  
SUITE E  
WEST PALM BEACH, FL 33409 US

FEI Number: 55-0891812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CIVIN, LISA  
7925 QUIDA DRIVE  
WEST PALM BEACH, FL 33411 US

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

CIVIN, LISA  
4275 OKEECHOBEE BLVD  
SUITE E  
WEST PALM BEACH, FL 33409 US

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:

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CIVIN, MICHAEL  
Address: 4275 OKEECHOBEE BLVD SUITE E  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM  
Name: CIVIN, LISA  
Address: 4275 OKEECHOBEE BLVD SUITE E  
City-St-Zip: WEST PALM BEACH, FL 33409

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: MICHAEL CIVIN

MR

03/10/2011

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