

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042251

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** ARMSTRONG LAKE WALES II DEVELOPMENT, LLC

**Current Principal Place of Business:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**New Principal Place of Business:**

**Current Mailing Address:**

ONE ARMSTRONG PLACE  
BUTLER, PA 16001

**New Mailing Address:**

FEI Number: 54-2171271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: AG ARMSTONG DEVELOPMENT, INC.  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGRM  
Name: ARMSTRONG DEVELOPERS, INC.  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: SEDWICK, DRU A  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: CIPOLETTI, BRYAN  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

Title: MGR  
Name: CAMPBELL, KIRBY J  
Address: ONE ARMSTRONG PLACE  
City-St-Zip: BUTLER, PA 16001

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: DRU A. SEDWICK

MGR

04/22/2011

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