

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044299

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

**Entity Name:** TORRENS, L.L.C.

**Current Principal Place of Business:**

1890 SW HEALTH PARKWAY  
SUITE 302  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SW HEALTH PARKWAY  
SUITE 302  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 57-1220276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RANDOLPH, MICHAEL D ESQ.  
1619 JACKSON STREET  
FORT MYERS, FL 33901 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:** TORRENS, WOLFRED  
**Address:** 11246 PHOENIX WAY  
**City-St-Zip:** NAPLES, FL 34119

**Title:** MGRM  
**Name:** TORRENS, NAILA  
**Address:** 11246 PHOENIX WAY  
**City-St-Zip:** NAPLES, FL 34119

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:** WOLFRED TORRENS

DR.

02/10/2011

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