

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000048232

**Entity Name:** SINCLAIR AND SON, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6116 ARMSTRONG RD  
ELKTON, FL 32033

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1203  
HASTINGS, FL 32148

**New Mailing Address:**

**FEI Number:** 30-0317495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, SINCLAIR  
6116 ARMSTRONG RD  
ELKTON, FL 32033 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:** SMITH, SINCLAIR  
**Address:** 6116 ARMSTRONG RD  
**City-St-Zip:** ELKTON, FL 32033

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: SINCLAIR SMITH

PARN

01/09/2012

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