

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055918

**Entity Name:** NW ORLANDO, LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 20-2954376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARCELLI, LINDA A  
450 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801 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: SENEFF, JAMES M  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM  
Name: BOURNE, ROBERT A  
Address: 450 S ORANGE AVE  
City-St-Zip: ORLANDO, FL 32801 US

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: ROBERT A. BOURNE

MGRM

03/21/2012

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