

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000060271

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** MEARS ANCLOTE CENTER, LLC

**Current Principal Place of Business:**

407 ROEBLING ROAD S.  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

407 ROEBLING ROAD S.  
BELLEAIR, FL 33756

**New Mailing Address:**

P.O. BOX 2436  
CLEARWATER, FL 337572436

**FEI Number:** 20-3163910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, R. CARLTON ESQ.  
1253 PARK STREET  
CLEARWATER, FL 33756 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:** MEARS, BARRY L  
**Address:** 407 ROEBLING RD SOUTH  
**City-St-Zip:** BELLEAIR, FL 33756

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:** BARRY L MEARS

MGR

04/15/2012

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