

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000100432

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** SEBRING PROFESSIONAL PLAZA, LLC

**Current Principal Place of Business:**

3775 WILD ORCHID LANE  
FORT PIERCE, FL 34981 US

**New Principal Place of Business:**

**Current Mailing Address:**

3775 WILD ORCHID LN.  
FORT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 20-3581042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMAN, JAMES  
3775 WILD ORCHID LANE  
FORT PIERCE, FL 34981 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:** KAUFMAN, JAMES G  
**Address:** 3775 WILD ORCHID LANE  
**City-St-Zip:** FT PIERCE, FL 34981 US

**Title:** MGRM  
**Name:** PETROLE, JOSEPH  
**Address:** 1200 ANASTASIA AVE, SUITE 320  
**City-St-Zip:** CORAL GABLES, FL 33134 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:** JAMES G KAUFMAN

MGRM

04/29/2012

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