

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115012

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

**Entity Name:** SANFORD MEDICAL BUILDING LLC

**Current Principal Place of Business:**

1242 WEST PORTILLO DR  
DELTONA, FL 32725 US

**New Principal Place of Business:**

1200 LEXINGTON GREEN LANE  
SANFORD, FL 32771 US

**Current Mailing Address:**

1242 WEST PORTILLO DR  
DELTONA, FL 32725 US

**New Mailing Address:**

P.O. BOX 101329  
CAPE CORAL, FL 33910 US

**FEI Number:** 20-3872508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRACEY, MARK F  
1242 W. PORTILLO DR.  
DELTONA, FL 32725 US

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

TRACEY, MARK F  
1641 S.E. 39TH TERRACE  
CAPE CORAL, FL 33904 US

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:

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GUERRINA, JOHN  
Address: 1200 LEXINGTON GREEN LANE  
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM  
Name: TRACEY, MARK  
Address: 1641 S.E. 39TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

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: MARK F TRACEY

MGR

03/10/2011

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