

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000011313

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** LOGAN COMMERCIAL OFFICE CENTER, LLC

**Current Principal Place of Business:**

400 IMPERIAL BLVD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9002  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 20-4999549

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYS, WILLIAM R  
400 IMPERIAL BLVD  
CAPE CANAVERAL, FL 32920 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:** MAYS, WILLIAM R  
**Address:** 400 IMPERIAL BLVD  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

**Title:** MGR  
**Name:** O'DANIEL, BERCHE E  
**Address:** 400 IMPERIAL BLVD  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

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:** WILLIAM R MAYS

MGR

04/10/2012

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