

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000020520

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** 300 WEST DEARBORN STREET, LLC.

**Current Principal Place of Business:**

300 WEST DEARBORN STREET  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 WEST DEARBORN STREET  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

**FEI Number:** 20-4649118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, ELAINE A  
300 WEST DEARBORN STREET  
ENGLEWOOD, FL 34233 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:** MILLER, ELAINE A  
**Address:** 300 WEST DEARBORN STREET  
**City-St-Zip:** ENGLEWOOD, FL 34223 US

**Title:** MGRM  
**Name:** BLAHA, MICHAEL R  
**Address:** 1128 RUE LA VILLE WALK  
**City-St-Zip:** CREVE COEUR, MO 63141 US

**Title:** MGRM  
**Name:** BLAHA, JEAN  
**Address:** 1128 RUE LA VILLE WALK  
**City-St-Zip:** CREVE COEUR, MO 63141 US

**Title:** MGRM  
**Name:** BLAHA, JAMES S  
**Address:** 4930 S. WARWICK AVE.  
**City-St-Zip:** SPRINGFIELD, MO 65804 US

**Title:** MGRM  
**Name:** BLAHA, BARBARA J  
**Address:** 4930 S. WARWICK AVE.  
**City-St-Zip:** SPRINGFIELD, MO 65804 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:** ELAINE A MILLER

MGRM

04/25/2012

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