

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022707

Entity Name: ME ORLANDO, LLC

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

303 E. ALTAMONTE DR.  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

303 E. ALTAMONTE DR.  
SUITE 1500  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 20-4419535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

INTENSEFENCE MANAGEMENT SOLUTIONS, LLC  
283 CRANE'S ROOST BOULEVARD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701 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: TOPOREK, ADAM S  
Address: 283 CRANE'S ROOST BOULEVARD, SUITE111  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: ADAM S. TOPOREK

MGRM

03/09/2012

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