

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025418

FILED
May 06, 2011
Secretary of State

Entity Name: TRANSCEND GROUP, LLC

Current Principal Place of Business:

401 HIGHTOWER DRIVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

401 HIGHTOWER DRIVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 83-0452956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, KATHLEEN R
111 NORTH 12TH STREET
UNIT # 1703
TAMPA, FL 33602 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: JONES, WILLIAM H
Address: 401 HIGHTOWER DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGRM
Name: JONES, SANDRA L
Address: 401 HIGHTOWER DRIVE
City-St-Zip: DEBARY, FL 32713

Title: MGRM
Name: MURPHY, CHARLES S
Address: 111 NORTH 12TH STREET, UNIT # 1703
City-St-Zip: TAMPA, FL 33602

Title: MGR
Name: MURPHY, KATHLEEN R
Address: 111 NORTH 12TH STREET, UNIT # 1703
City-St-Zip: TAMPA, FL 33602

Title: MGRM
Name: KOBERLEIN, ANDREW L
Address: 643 NIGHTHAWK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM
Name: KOBERLEIN, ELLEN B
Address: 643 NIGHTHAWK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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 H. JONES

MGRM

05/06/2011

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