

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034427

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

**Entity Name:** STEFANIDES PROPERTIES LLC

**Current Principal Place of Business:**

5350 SKYLARK MANOR DRIVE  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

2928 YALE AVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

5350 SKYLARK MANOR DRIVE  
JACKSONVILLE, FL 32257

**New Mailing Address:**

2928 YALE AVE  
JACKSONVILLE, FL 32210

**FEI Number:** 20-4566313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEFANIDES, ARON W  
5350 SKYLARK MANOR DRIVE  
JACKSONVILLE, FL 32257 US

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

STEFANIDES, ARON W  
2928 YALE AVE  
JACKSONVILLE, FL 32210 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: \_\_\_\_\_

01/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEFANIDES, ARON W  
Address: 2928 YALE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR  
Name: STEFANIDES, ALLISON G  
Address: 2928 YALE AVE  
City-St-Zip: JACKSONVILLE, FL 32210

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: ARON W. STEFANIDES

MR.

01/09/2012

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