

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063650

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

**Entity Name:** L.M.N. OF HOBE SOUND, L.L.C.

**Current Principal Place of Business:**

8815 S. E. BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8815 S.E. BRIDGE ROAD  
HOBE SOUND, FL 33455

**New Mailing Address:**

**FEI Number:** 20-5100985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MANZO-ASFAR, LISA R  
2121 S.E WILD MEADOWS CIRCLE  
PORT ST. LUCIE, FL 34952 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:** MANZO-ASFAR, LISA R  
**Address:** 2121 S.E WILD MEADOWS CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34952

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:** LISA R. MANZO-ASFAR

MGRM

04/25/2012

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