

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074151

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** OFFICES AT PARK PLACE, LLC

**Current Principal Place of Business:**

4500 140 AVE N  
SUITE 101  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 17309  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 20-5339634

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUGGLES, THOMAS W  
603 INDIAN ROCKS RD  
BELLEAIR, FL 33756 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:** ENGELHARDT, STEVEN E  
**Address:** 4500 140TH AVE N, SUITE 101  
**City-St-Zip:** CLEARWATER, FL 33762

**Title:** MGRM  
**Name:** ENGELHARDT, PAUL D  
**Address:** 4500 140TH AVE N, SUITE 101  
**City-St-Zip:** CLEARWATER, FL 33762

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:** STEVEN E ENGELHARDT

MGRM

04/20/2012

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