

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078913

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** IMAGINE - ST. LUCIE COUNTY, LLC

**Current Principal Place of Business:**

4402 SW YAMADA DRIVE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

13790 NW 4TH STREET  
SUITE 108  
SUNRISE, FL 33325

**New Mailing Address:**

1005 N. GLEBE ROAD  
SUITE 610  
ARLINGTON, VA 22201

**FEI Number:** 26-0472741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGR  
Name: MORAN, STELLA  
Address: 812 SW SQUIRREL AVENUE  
City-St-Zip: PORT S. LUCIE, FL 34953

Title: MGR  
Name: WILSON, KERRY-ANN  
Address: 1631 SW BUTTERCUP AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR  
Name: HOLGATE, LEENIE  
Address: 1128 SW HUNNICUT AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGR  
Name: LANE, JEFFREY  
Address: 113 SW SEA LION RD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: STELLA MORAN

MGR

05/01/2012

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