

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096936

Entity Name: MANASOTA KEY, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14135 HAPPY HILL ROAD  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE 2249  
DADE CITY, FL 33526 US

**New Mailing Address:**

FEI Number: 20-5655703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MADANI, SHEADA ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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: MADANI, BEHROUZ M.D.  
Address: POST OFFICE 2249  
City-St-Zip: DADE CITY, FL 33526 US

Title: MGRM  
Name: MADANI, CLAUDIA E  
Address: POST OFFICE 2249  
City-St-Zip: DADE CITY, FL 33526 US

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: CLAUDIA MADANI

MGRM

01/05/2012

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