

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105285

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** OTS HEADQUARTERS LLC

**Current Principal Place of Business:**

36408 TRILBY ROAD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

36408 TRILBY ROAD  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 20-5838500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DONALDSON, STEPHEN R  
36408 TRILBY ROAD  
DADE CITY, FL 33523 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: DONALDSON, STEPHEN  
Address: P.O. BOX 736  
City-St-Zip: TRILBY, FL 33593

Title: MGRM  
Name: CRITHFIELD, DUANE  
Address: 17816 ST LUCIA ISLE DR.  
City-St-Zip: TAMPA, FL 33647

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: STEPHEN DONALDSON

MBM

04/06/2011

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