

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000118634

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** QUAIL GROVE OF TALLAHASSEE, LLC

**Current Principal Place of Business:**

1510 DAVIS DRIVE  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 15458  
TALLAHASSEE, FL 323175458

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ALBAUGH, WILLIAM  
1510 DAVIS DRIVE  
TALLAHASSEE, FL 32317 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: ALBAUGH, WILLIAM  
Address: PO BOX 15458  
City-St-Zip: TALLAHASSEE, FL 323175458

Title: MGRM  
Name: HOLMES, SHARON E  
Address: PO BOX 15458  
City-St-Zip: TALLAHASSEE, FL 323175458

Title: MGRM  
Name: HARBIN, LAUREL A  
Address: PO BOX 15458  
City-St-Zip: TALLAHASSEE, FL 323175458

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:** WILLIAM H ALBAUGH

MGR

03/14/2012

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