

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044971

Entity Name: LAMCORP, L.L.C.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

661 GOODLETTE ROAD  
SUITE 103  
NAPLES, FL 34102

**New Principal Place of Business:**

661 GOODLETTE ROAD  
SUITE 103  
NAPLES, FL 34102 UN

**Current Mailing Address:**

855 18TH AVE S  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 26-0194015

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CMS INTERNATIONAL ENTERPRISES, INC.  
550 BILTMORE WAY, SUITE 200  
CORAL GABLES, FL 33134 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: LAM, KEVIN K  
Address: 855 18TH AVE S  
City-St-Zip: NAPLES, FL 34102

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: KEVIN K LAM

MGR

04/25/2012

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