

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045317

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** BLACK CUILLEN PROPERTIES, LLC

**Current Principal Place of Business:**

1356 WILLOW BRANCH AVENUE  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE UPS STORE  
1650 MARGARET STREET, PMB 211  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 20-8989017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARBEE, MICHAEL H  
1356 WILLOW BRANCH AVENUE  
JACKSONVILLE, FL 32205 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: GARBEE, MICHAEL H  
Address: 1356 WILLOW BRANCH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGR  
Name: MARTI-GARBEE, YVONNE E  
Address: 1356 WILLOW BRANCH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205 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: MICHAEL GARBEE

MGR

03/15/2012

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