

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053225

**FILED**  
**Aug 31, 2010**  
**Secretary of State**

**Entity Name:** THE PLAZA OF SEBRING L.L.C.

**Current Principal Place of Business:**

2600 LOST BALL DRIVE  
SEBRING, FL 33872 US

**New Principal Place of Business:**

**Current Mailing Address:**

2600 LOST BALL DRIVE  
SEBRING, FL 33872 US

**New Mailing Address:**

**FEI Number:** 26-0204640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEH, JOHNY  
2600 LOST BALL DRIVE  
SEBRING, FL 33872 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:** JOSEPH, JOHNY  
**Address:** 2600 LOST BALL DRIVE  
**City-St-Zip:** SEBRING, FL 33872

**Title:** MGR  
**Name:** JOSEPH, SAJI  
**Address:** 2600 LOST BALL DRIVE  
**City-St-Zip:** SEBRING, FL 33872 US

**Title:** MGR  
**Name:** MATHEW, SAJI  
**Address:** 4141 SUNNY VIEW DR.  
**City-St-Zip:** LAKELAND, FL 33813

**Title:** MGR  
**Name:** GEORGE, JOSEPH  
**Address:** 1671 ALMA CT  
**City-St-Zip:** BARTOW, FL 33830

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:** JOSEPH JOHNY

P

08/31/2010

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