

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000057715

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** STROUT ACQUISITIONS, LLC

**Current Principal Place of Business:**

1542 KINGSLEY AVE  
SUITE 135  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 ST. JOHNS MEDICAL PARK DR.  
SUITE A  
SAINT AUGUSTINE, FL 32086 US

**New Mailing Address:**

1542 KINGSLEY AVE  
SUITE 135  
ORANGE PARK, FL 32073 US

**FEI Number:** 26-0275526

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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:** STROUT, STEPHEN L DMD  
**Address:** 1301 HARBOR ISLAND DR STE 204  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 US

**Title:** MGRM  
**Name:** STROUT, MERIDITH  
**Address:** 1301 HARBOR ISLAND DR STE 204  
**City-St-Zip:** SAINT AUGUSTINE, FL 32080 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:** STEPHEN STROUT OWNER

MGRM

02/07/2012

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