

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000066503

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** QUAMMEN PROPERTY MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

17708 CR 455  
MONTVERDE, FL 34756 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 560070  
MONTVERDE, FL 34756

**New Mailing Address:**

17708 CR 455  
MONTVERDE, FL 34756 US

**FEI Number:** 26-0420219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUAMMEN, ROBECCA L  
17708 CR 455  
MONTVERDE, FL 34756 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:** QUAMMEN, LAWRENCE R  
**Address:** P O BOX 560099  
**City-St-Zip:** MONTVERDE, FL 347560099 US

**Title:** MGR  
**Name:** QUAMMEN, ROBECCA L  
**Address:** P O BOX 560099  
**City-St-Zip:** MONTVERDE, FL 347560099 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:** ROBECCA QUAMMEN

CEO

04/28/2012

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