

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000067190

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** TRUE OPTIONS REALTY LLC

**Current Principal Place of Business:**

501 SE BROOKSIDE TERRACE  
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 SE BROOKSIDE TERRACE  
PORT ST LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 26-0426629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OSWALD, SUMER  
501 SE BROOKSIDE TERRACE  
PORT ST LUCIE, FL 34983 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:** OSWALD, SUMER  
**Address:** 501 SE BROOKSIDE TERRACE  
**City-St-Zip:** PORT ST LUCIE, FL 34983

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: SUMER OSWALD

MRS

04/10/2012

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