# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 22, 2012**
**Secretary of State**

DOCUMENT# L07000085885

**Entity Name:** 1LEAFCLOVER L.L.C.

**Current Principal Place of Business:**

1019 NE JUNIPER PLACE
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

2355 SE SEAFURY LANE
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1019 NE JUNIPER PLACE
JENSEN BEACH, FL 34957

**New Mailing Address:**

2355 SE SEAFURY LANE
PORT SAINT LUCIE, FL 34952

**FEI Number: 26-0662922** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GERDES, MATTHEW
1019 NE JUNIPER PLACE
JENSEN BEACH, FL 34957 US

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

GERDES, MATTHEW
450 SE NARANJA AVENUE
PORT SAINT LUCIE, FL 34983 US

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: _____ 02/22/2012
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: GERDES, MATTHEW C
Address: 450 SE NARANJA AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM
Name: STEWART, ANDREW
Address: 12324 SW KEATING DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34987

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 Statues.

SIGNATURE: MATTHEW C GERDES MGR 02/22/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date