

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106027

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** HEADQUARTER ORLANDO, LLC

**Current Principal Place of Business:**

17700 STATE ROAD 50  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

5895 N.W. 167 STREET  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 33-1189293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERRA, JUDY L  
5895 N.W. 167 STREET  
HIALEAH, FL 33015 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:** HEADQUARTER ORLANDO HOLDING, INC.  
**Address:** 5895 N.W. 167 STREET  
**City-St-Zip:** HIALEAH, FL 33015

**Title:** VP  
**Name:** ESTEVE, JERONIMO J  
**Address:** 5895 N.W. 167 STREET  
**City-St-Zip:** HIALEAH, FL 33015

**Title:** P  
**Name:** ESTEVE, JERONIMO M  
**Address:** 5895 NW 167 ST  
**City-St-Zip:** MIAMI, FL 33015

**Title:** S  
**Name:** SALGADO, YAZMIN B  
**Address:** 5895 NW 167 ST  
**City-St-Zip:** MIAMI, FL 33015

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:** JERONIMO M. ESTEVE

PRES

03/10/2011

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