

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001620

Entity Name: MOHAWK CENTER, LLC

FILED
Jan 12, 2012
Secretary of State

Current Principal Place of Business:

963 N. RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

963 N. RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 26-1695318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIDIGH, BETTYE S
963 N RONALD REAGAN BLVD
LONGWOOD, FL 32750 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: LEIDIGH, BETTYE S
Address: 963 N. RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750 US

Title: NONE
Name: NONE, NONE
Address: 336 WEST LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

Title: NONE
Name: NONE, NONE
Address: 336 WEST LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

Title: NONE
Name: NONE, NONE
Address: 336 WEST LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

Title: NONE
Name: NONE, NONE
Address: 336 WEST LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

Title: NONE
Name: NONE, NONE
Address: 336 WEST LAKEVIEW AVE
City-St-Zip: LAKE MARY, FL 32746

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: BETTYE S LEIDIGH

MGRM

01/12/2012

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