

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008849

FILED  
Mar 15, 2011  
Secretary of State

Entity Name: OFF STAGE LLC

**Current Principal Place of Business:**

411 E NORTH SHORE DR  
N. FORTT MYERS, FL 33917

**New Principal Place of Business:**

411 E NORTH SHORE DR  
N. FORTT MYERS, FL 33917 US

**Current Mailing Address:**

411 E NORTH SHORE DR  
N. FORTT MYERS, FL 33917

**New Mailing Address:**

411 E NORTH SHORE DR  
N. FORTT MYERS, FL 33917 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

KESER, WILLIAM A  
411 E NORTH SHORE DR  
N FT MYERS, FL 33917 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: KESER, WILLIAM A  
Address: 411 E NORTH SHORE DR  
City-St-Zip: N FT MYERS, FL 33917 US

Title: MGRM  
Name: KESER, NANCY R  
Address: 411 E NORTH SHORE DR  
City-St-Zip: N FT MYERS, FL 33917 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: KESER A. WILLIAM

MGR

03/15/2011

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