

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000042609

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

**Entity Name:** POLLA PROPERTIES ONE, LLC

**Current Principal Place of Business:**

57 FELSHIRE LANE  
PALM COAST, FL 32137

**New Principal Place of Business:**

104 RIVER PLANTATION ROAD NORTH  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

57 FELSHIRE LANE  
PALM COAST, FL 32137

**New Mailing Address:**

104 RIVER PLANTATION ROAD NORTH  
ST AUGUSTINE, FL 32092

**FEI Number:** 26-3946788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOWARD, ALAN  
14 E. BAY ST.  
JACKSONVILLE, FL 32202 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:** POLLA, LAWRENCE  
**Address:** 104 RIVER PLANTATION ROAD NORTH  
**City-St-Zip:** ST AUGUSTINE, FL 32092

**Title:** MGR  
**Name:** POLLA, MAYDEL  
**Address:** 104 RIVER PLANTATION ROAD NORTH  
**City-St-Zip:** ST AUGUSTINE, FL 32092

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:** MAYDEL POLLA

MGR

03/22/2012

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