

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048480

Entity Name: 3227E, LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5949 SOLOMON RD.  
JACKSONVILLE, FL 32234

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2842  
JACKSONVILLE, FL 32067

**New Mailing Address:**

5949 SOLOMON RD.  
JACKSONVILLE, FL 32234

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LUDWIG & ASSOCIATES, PA  
5150 BELFORT RD. S.  
#500  
JACKSONVILLE, FL 32256 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: SULLIVAN, GARY P  
Address: 5949 SOLOMON RD.  
City-St-Zip: JACKSONVILLE, FL 32234

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: GARY P. SULLIVAN

MR.

02/21/2011

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