

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000050559

Entity Name: LMN OF FLAGLER, L.L.C.

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7 FLORIDA PARK DRIVE  
STE F  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1740  
FLAGLER BEACH, FL 32136

**New Mailing Address:**

FEI Number: 26-2717439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JEBBIA, NICHOLAS  
8 MONTILLA PLACE  
PALM COAST, FL 32137 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: THORNHILL, LESLIE  
Address: 7 FLORIDA PARK DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM  
Name: CHIUMENTO, MICHAEL D III  
Address: 4 OLD KINGS ROAD NORTH STE B  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM  
Name: JEBBIA, NICK  
Address: 8 MONTILLA PLACE  
City-St-Zip: PALM COAST, FL 32137

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: NICK JEBBIA

M

04/17/2012

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