

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000074351

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** STRAW POND LLC

**Current Principal Place of Business:**

401 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

11600 MOCCASIN GAP ROAD  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

401 E. VIRGINIA STREET  
CARRIAGE HOUSE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 26-3802184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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:** LEWIS, BRADFORD R  
**Address:** 401 E VIRGINIA STREET  
**City-St-Zip:** TALLAHASSEE, FL 32301

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: BRADFORD R LEWIS      MGRM      02/07/2012

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