

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000087593

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** OCTOBER SKY PROPERTIES, LLC

**Current Principal Place of Business:**

4379 SPRING LAKE HIGHWAY  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

4379 SPRING LAKE HIGHWAY  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 37-1573501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWMAN LAW FIRM, P.A.  
17 LULU STREET  
BROOKSVILLE, FL 34601 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:** BARTHLE, MARTIN  
**Address:** 4379 SPRING LAKE HIGHWAY  
**City-St-Zip:** BROOKSVILLE, FL 34601

**Title:** MGR  
**Name:** LOWMAN, LINDA  
**Address:** 4379 SPRING LAKE HIGHWAY  
**City-St-Zip:** BROOKSVILLE, FL 34601

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:** MARTIN BARTHLE

MGR

04/14/2012

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