

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091057

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** BEAVER STREET COMMISSARY LLC

**Current Principal Place of Business:**

2366 W. BEAVER STREET  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

165 WELLS RD, STE 304  
ORANGE PARK, FL 32068

**New Mailing Address:**

**FEI Number:** 26-3420697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLSON, MARY ANN  
165 WELLS ROAD, STE 304  
ORANGE PARK, FL 32073 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:** SIFTON, PAUL G  
**Address:** 165 WELLS ROAD, STE 304  
**City-St-Zip:** ORANGE PARK, FL 32073 US

**Title:** MGRM  
**Name:** CARLSON, MARY ANN  
**Address:** 165 WELLS ROAD, STE 304  
**City-St-Zip:** ORANGE PARK, FL 32073 US

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:** MARY ANN CARLSON

MGRM

04/12/2012

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