

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094860

**FILED  
Apr 20, 2010  
Secretary of State**

**Entity Name:** LTS 17, LLC

**Current Principal Place of Business:**

154 COE RD  
BELLEAIR, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

154 COE RD  
BELLEAIR, FL 33756

**New Mailing Address:**

**FEI Number:** 26-3527938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABALA, LENORE  
154 COE RD  
BELLEAIR, FL 33756 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: SABALA, LENORE  
Address: 154 COE ROAD  
City-St-Zip: BELLEAIR, FL 33756

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: LENORE SABALA

MGRM

04/20/2010

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