

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115614

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA FEINES FERIEN, L.L.C.

**Current Principal Place of Business:**

546 CORAL DRIVE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

542 CORAL DRIVE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

546 CORAL DRIVE  
CAPE CORAL, FL 33904

**New Mailing Address:**

542 CORAL DRIVE  
CAPE CORAL, FL 33904

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

SCHUTT, DARRIN R ESQ.  
1322 SE 46TH LANE  
SUITE 202  
CAPE CORAL, FL 33904 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:** RAHE, NORMAN DR.  
**Address:** 542 CORAL DRIVE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGRM  
**Name:** RAHE, GABRIELE M  
**Address:** 542 CORAL DRIVE  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** NORMAN RAHE

DR.

04/22/2012

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