

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000036553

Entity Name: TOXAWAY159, LLC

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

15051 S. TAMiami TRAIL  
SUITE 203  
FORT MYERS, FL 33908 US

## **New Principal Place of Business:**

6300-1 TECHSTER BOULEVARD  
SUITE 1  
FORT MYERS, FL 33966 US

## **Current Mailing Address:**

P.O. BOX 2651  
FORT MYERS BEACH, FL 33932 US

## **New Mailing Address:**

FEI Number: 26-4751553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADKINS, SANDRA J  
15051 S. TAMiami TRAIL  
SUITE 203  
FORT MYERS, FL 33908 US

## **Name and Address of New Registered Agent:**

ADKINS, SANDRA J  
6300-1 TECHSTER BOULEVARD  
SUITE 1  
FORT MYERS, FL 33966 US

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:

02/06/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ADKINS, SANDRA J  
Address: P.O. BOX 2651  
City-St-Zip: FORT MYERS BEACH, FL 33932 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: SANDRA ADKINS

MGR

02/06/2012

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