

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054264

Entity Name: MARYGALES, LLC

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

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

19951 TAMIAMI AVENUE  
TAMPA, FL 33647

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

700 S HARBOUR ISL BLVD #833  
TAMPA, FL 33602

## **Current Mailing Address:**

19951 TAMIAMI AVENUE  
TAMPA, FL 33647

## **New Mailing Address:**

700 S HARBOUR ISL BLVD #833  
TAMPA, FL 33602

FEI Number: 27-0374501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 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: MS.  
Name: COKEWELL, MARY R  
Address: 700 S HARBOUR ISLAND BLVD #833  
City-St-Zip: TAMPA, FL 33602

Title: MR.  
Name: COKEWELL, MARK R  
Address: 700 S HARBOUR ISL BLVD  
City-St-Zip: TAMPA, FL 33602

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 R COKEWELL

MS

02/02/2012

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