

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070757

Entity Name: ENIX/MENDELSON LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

351 WEST ALFRED STREET  
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 867  
TAVARES, FL 32778

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

ENIX & ASSOCIATES, LLC  
351 WEST ALFRED STREET  
TAVARES, FL 32778 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: MGR  
Name: ENIX, DAVID  
Address: 351 WEST ALFRED STREET  
City-St-Zip: TAVARES, FL 32778

Title: MGR  
Name: NOWOGRODZKI, MARIO  
Address: 18501 PINES BLVD SUITE 208  
City-St-Zip: PEMBROKE PINES, FL 33029

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: DAVID ENIX

MGR

01/04/2012

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