

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075314

Entity Name: LUCKYROSE FILMS, LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7300 SANDLAKE COMMONS BLVD.  
SUITE 105  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7300 SANDLAKE COMMONS BLVD.  
SUITE 105  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 27-0693899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CFRA, LLC  
100 S. ASHLEY DR.  
SUITE 400  
TAMPA, FL 33602 US

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

MEISENHEIMER, JOHN L M.D.  
7300 SANDLAKE COMMONS BLVD  
SUITE 105  
ORLANDO, FL 32819 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: JOHN L. MEISENHEIMER MD

03/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEISENHEIMER, JOHN L DR.  
Address: 7300 SANDLAKE COMMONS BLVD., SUITE 115  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: ROSE, JERRY  
Address: 7300 SANDLAKE COMMONS BLVD., SUITE 115  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: ROSE, JENNIFER  
Address: 7300 SANDLAKE COMMONS BLVD., SUITE 115  
City-St-Zip: ORLANDO, FL 32819

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: JOHN L. MEISENHEIMER MD

OWNE

03/21/2012

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