

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075616

Entity Name: BOX LOFT, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11201 CORPORATE CIRCLE NORTH  
SUITE 160  
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

11201 CORPORATE CIRCLE NORTH  
SUITE 160  
ST. PETERSBURG, FL 33716

**New Mailing Address:**

FEI Number: 27-1345441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHIFINO, JOHN A ESQ.  
WILLIAMS SCHIFINO MANGIONE & STEADY P.A.  
ONE TAMPA CITY CENTER, SUITE 3200  
TAMPA, FL 33602 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: SILVER, THOMAS C D.M.D.  
Address: 11201 CORPORATE CIRCLE NORTH, SUITE 160  
City-St-Zip: ST. PETERSBURG, FL 33716

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: THOMAS C SILVER DMD

CEO

04/19/2011

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