

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089358

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** 8012 BLIND PASS ROAD, LLC

**Current Principal Place of Business:**

8012 BLIND PASS ROAD  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

56 CIRCLE END DRIVE  
WEST SENECA, NY 14224

**New Mailing Address:**

**FEI Number:** 27-2021547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OWCZARCAK, ALICE A  
8012 BLIND PASS ROAD  
ST. PETE BEACH, FL 33706 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: OWCZARCAK, ALICE A  
Address: 56 CIRCLE END DRIVE  
City-St-Zip: WEST SENECA, NY 14224

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: ALICE A. OWCZARCAK

MRS.

03/07/2012

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