

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090835

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** SARASOTA MINISTERIAL ASSOCIATION, LLC

**Current Principal Place of Business:**

1704 NORTH HONORE AVE.  
SARASOTA, FL 34235

**New Principal Place of Business:**

**Current Mailing Address:**

1274 WESTERN PINE CIRCLE  
SARASOTA, FL 34240

**New Mailing Address:**

**FEI Number:** 27-0929350

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PFAFF, THOMAS A DR  
1274 WESTERN PINE CIRCLE  
SARASOTA, FL 34240 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:** PFAFF, THOMAS A DR.  
**Address:** 1274 WESTERN PINE CIRCLE  
**City-St-Zip:** SARASOTA, FL 34240

**Title:** MGRM  
**Name:** RUSSELL, BRIAN REV.  
**Address:** 2049 NORTH HONORE AVE.  
**City-St-Zip:** SARASOTA, FL 34235

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:** DR. THOMAS A. PFAFF

PRES

04/20/2012

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