

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112807

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** STRAYHORN & PERSONS, P.L.

**Current Principal Place of Business:**

2125 FIRST STREET  
SUITE 201  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2125 FIRST STREET  
SUITE 201  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 27-1366569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRAYHORN, E BRUCE  
2125 FIRST STREET  
SUITE 201  
FORT MYERS, FL 33901 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:** STRAYHORN, E BRUCE  
**Address:** 2125 FIRST STREET, SUITE 201  
**City-St-Zip:** FORT MYERS, FL 33901

**Title:** MGRM  
**Name:** PERSONS, JENNA D  
**Address:** 2125 FIRST STREET, SUITE 201  
**City-St-Zip:** FORT MYERS, FL 33901

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:** E. BRUCE STRAYHORN

MGRM

04/10/2012

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