

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120503

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** ALLEN'S FLORIST OF BROOKSVILLE, LLC

**Current Principal Place of Business:**

277 W. JEFFERSON ST.  
BROOKSVILLE, FL 34601 US

**New Principal Place of Business:**

**Current Mailing Address:**

277 W. JEFFERSON ST.  
BROOKSVILLE, FL 34601 US

**New Mailing Address:**

**FEI Number:** 27-1559194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAULS, PATRICIA  
227 W. JEFFERSON STREET  
BROOKSVILLE, FL 34601 US

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

SAULS, PATRICIA  
277 W. JEFFERSON STREET  
BROOKSVILLE, FL 34601 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:

04/17/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SAULS, PATRICIA  
Address: 277 W. JEFFERSON ST.  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: MGRM  
Name: SAULS, PATRICIA  
Address: 277 W. JEFFERSON ST.  
City-St-Zip: BROOKSVILLE, FL 34601 US

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: PATRICIA SAULS

MGR

04/17/2012

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