

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122004

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** OAKLEY SIGNS & GRAPHICS, LLC

**Current Principal Place of Business:**

550 SOUTH NORTHLAKE BLVD., SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

550 SOUTH NORTHLAKE BLVD., SUITE 1000  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 27-1570544

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEVITT, KENNETH  
550 SOUTH NORTHLAKE BLVD., SUITE 1000  
ALTAMONTE SPRINGS, FL 32701 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:** MR  
**Name:** LEVITT, SCOTT PRES  
**Address:** 550 S. NORTH LAKE BLVD. SUITE 1000  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MR  
**Name:** LEVITT, KENNETH V,S,T  
**Address:** 550 S. NORTH LAKE BLVD. SUITE 1000  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MR  
**Name:** LEVITT, BRETT VP  
**Address:** 550 S. NORTH LAKE BLVD. SUITE 1000  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** MR  
**Name:** LEVITT, KEITH VP  
**Address:** 550 S. NORTH LAKE BLVD. SUITE 1000  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

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:** KENNETH LEVITT

VP

04/18/2012

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