

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000004591

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** FL LAW OFFICE OF STUART E. LEYTON, PLLC

**Current Principal Place of Business:**

503 EAST JACKSON STREET  
SUITE 140  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 20628 PARK WEST FINANCE STATION  
ATTN: STUART E. LEYTON  
NEW YORK, NY 100251515 US

**New Mailing Address:**

**FEI Number:** 27-1655690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEYTON, STUART E  
503 EAST JACKSON STREET  
SUITE 140  
TAMPA, FL 33602 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: LEYTON, STUART E  
Address: 503 EAST JACKSON STREET, SUITE 140  
City-St-Zip: TAMPA, FL 33602 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: STUART E. LEYTON

MGRM

01/04/2012

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