

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038279

Entity Name: 334 1ST W LLC.

**FILED**  
**Feb 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10206 TARPON DR  
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

10206 TARPON DR  
TREASURE ISLAND, FL 33706 US

**New Mailing Address:**

FEI Number: 27-2305317

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORRHED, KLAS  
10206 TARPON DR  
TREASURE ISLAND, FL 33706 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: NORRHED, KLAS  
Address: 10206 TARPON DR  
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: MGRM  
Name: TRACY, KIMBER  
Address: 5855 KAISER LANE  
City-St-Zip: PENSACOLA, FL 32507 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: KLAS NORRHED

MGR

02/12/2012

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