

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000055701

**Entity Name:** 103 OSCEOLA PLACE, LLC

**FILED**  
**Sep 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

47 SW OSCEOLA STREET  
SUITE 103  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 84  
STUART, FL 34995

**New Mailing Address:**

**FEI Number:** 27-2886023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, MICHAEL J  
370 GOLFVIEW ROAD  
SUITE 104  
NORTH PALM BEACH, FL 33408 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: CHANDLER, DIANNE  
Address: P.O. BOX 84  
City-St-Zip: STUART, FL 34995

Title: MGRM  
Name: MCCALL, JOHN  
Address: P.O. BOX 84  
City-St-Zip: STUART, FL 34995

Title: MGRM  
Name: CHANDLER, LEWIS  
Address: P.O. BOX 84  
City-St-Zip: STUART, FL 34995

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: DIANNE CHANDLER

MGRM

09/16/2012

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