

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000061082

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** TARPON CIRCLE CENTER, LLC

**Current Principal Place of Business:**

201 TARPON INDUSTRIAL DR  
STE 1  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

201 TARPON INDUSTRIAL DR  
STE 1  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DOTTS, GLENN C  
201 TARPON INDUSTRIAL DR  
STE 1  
TARPON SPRINGS, FL 34689 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: DOTTS, GLENN C  
Address: 3200 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

Title: MGR  
Name: NICHOLS-DOTTS, TERESA  
Address: 3200 BLUFF BLVD  
City-St-Zip: HOLIDAY, FL 34691

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: GLENN DOTTS

MGRM

03/15/2011

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