

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000065475

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF PETER KYRES, P.L.C.

**Current Principal Place of Business:**

547 WEST FORT ISLAND TRAIL  
SUITE C  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

800 SOUTH GULFVIEW BLVD.  
SUITE 601  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 32-0313323

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KYRES, PETER ESQ  
800 SOUTH GULFVIEW BLVD.  
SUITE 601  
CLEARWATER,, FL 33767 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: KYRES, PETER  
Address: 800 SOUTH GULFVIEW BLVD., SUITE 601  
City-St-Zip: CLEARWATER, FL 33767

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: PETER KYRES

MGRM

03/14/2011

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