# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2012**
**Secretary of State**

DOCUMENT# L10000067834

**Entity Name:** TREASURE COAST ASSET SERVICE, LLC

**Current Principal Place of Business:**

5213 SE INKWOOD WAY
HOBE SOUND, FL 33455 UN

**New Principal Place of Business:**

5213 SE INKWOOD WAY
5213 SE INKWOOD WAY
HOBE SOUND, FL 33455 UN

**Current Mailing Address:**

5213 SE INKWOOD WAY
HOBE SOUND, FL 33455 UN

**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:**

PICKENS, ROBERTA J
5312 SE INKWOOD WAY
HOBE SOUND, FL 33455 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: PICKENS, ROBERTA J
Address: 5213 SE INKWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455 UN

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 Statues.

SIGNATURE: ROBERTA J. PICKENS MMGR 05/01/2012

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