

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000075656

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA RESEARCH ADVANTAGE, LLC

**Current Principal Place of Business:**

21097 NE 27TH COURT  
SUITE 330  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

17901 NW 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

16134 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

17901 NW 5TH STREET  
SUITE 204  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 27-1737129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

RIVERA, SARA L  
16134 SW 2ND DRIVE  
PEMBROKE PINES, FL 33027 US

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

RIVERA, SARA L  
3923 SW 189TH AVENUE  
MIRAMAR, FL 33029 US

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

04/23/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVERA, SARA L  
Address: 3923 SW 189TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGR  
Name: RIVERA, NELSON O  
Address: 3923 SW 189TH AVENUE  
City-St-Zip: MIRAMAR, FL 33029 US

Title: MGRM  
Name: BOYER, BRENDA S  
Address: 10115 SW 13TH STREET APT. 207  
City-St-Zip: PEMBROKE PINES, FL 33025 US

Title: MGR  
Name: BOYER, JOHN  
Address: 10115 SW 13TH STREET APT. 207  
City-St-Zip: PEMBROKE PINES, FL 33025 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: SARA L. RIVERA

MRS.

04/23/2012

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