

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077049

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL J. POLKA, ARCHITECT, LLC

**Current Principal Place of Business:**

ATTN: MICHAEL J. POLKA  
5364 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

ATTN: MICHAEL J. POLKA  
5364 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

ATTN: MICHAEL J. POLKA  
5364 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

ATTN: MICHAEL J. POLKA  
5364 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 45-3110952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLKA, MICHAEL J  
5364 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418 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: POLKA, MICHAEL J  
Address: 5364 EAGLE LAKE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR  
Name: MIER, KELLY J  
Address: 4300 NEIL ROAD  
City-St-Zip: RENO, NV 89502

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: MICHAEL J. POLKA

MGRM

04/30/2012

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