

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000113221

**FILED**  
**Sep 04, 2012**  
**Secretary of State**

**Entity Name:** ST. MINA AND POPE KYRILLOS, LLC.

**Current Principal Place of Business:**

30606 U S HIGHWAY 19 N  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

30606 U S HIGHWAY 19 N  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 27-3858269

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHAKER, MARKO  
30606 US HIGHWAY 19 N  
PALM HARBOR, FL 34684 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:** SHAKER, ALBERT  
**Address:** 450 S GULFVIEW BLVD UNIT 1106  
**City-St-Zip:** CLEARWATERBEACH, FL 33767 US

**Title:** MGRM  
**Name:** SHAKER, MARKO  
**Address:** 17930 SOUTER LANE  
**City-St-Zip:** LAND O LAKES, FL 34638 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:** MARKO SHAKER

MGRM

09/04/2012

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