

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115127

**Entity Name:** LENOX SQUARE CENTER, LLC

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2950 HALCYON LN  
STE 205  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

2950 HALCYON LN  
STE 205  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 59-3597212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, ANDREW S  
12744 EDENBRIDGE CT  
JACKSONVILLE, FL 32223 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:** AKEL, ANDREW S  
**Address:** 12744 EDENBRIDGE CT  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** MGRM  
**Name:** AKEL, JACK S  
**Address:** 1995 HIBERNIA CT  
**City-St-Zip:** JACKSONVILLE, FL 32223

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:** ANDREW S. AKEL

MGRM

01/27/2012

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