

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123415

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL D. TRANCYGIER LLC

**Current Principal Place of Business:**

32140 HOLOPAW TRAIL  
SORRENTO, FL 32776

**New Principal Place of Business:**

450 DOUGLAS AVE  
UNIT 4367  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

32140 HOLOPAW TRAIL  
SORRENTO, FL 32776

**New Mailing Address:**

450 DOUGLAS AVE  
UNIT 4367  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

TRANCYGIER, MICHAEL D  
32140 HOLOPAW TRAIL  
SORRENTO, FL 32776 US

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

TRANCYGIER, MICHAEL D  
450 DOUGLAS AVE  
UNIT 4367  
ALTAMONTE SPRINGS, FL 32714 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:

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TRANCYGIER, MICHAEL D  
Address: 450 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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 D. TRANCYGIER

MGR

02/15/2012

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