

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000036830

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** SECHLER LENDING & ADVISORY SERVICES, LLC

**Current Principal Place of Business:**

2115 SOUTH OCEAN BLVD., UNIT #11  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

2115 SOUTH OCEAN BLVD.,  
#11  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

2115 SOUTH OCEAN BLVD., UNIT #11  
DELRAY BEACH, FL 33483

**New Mailing Address:**

PO BOX 1045  
ALPHARETTA, GA 30009

**FEI Number:** 45-1262285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SECHLER, CONRAD J JR.  
2115 SOUTH OCEAN BLVD., UNIT #11  
DELRAY BEACH, FL 33483 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: MGR  
Name: SECHLER, CONRAD J JR.  
Address: 2115 SOUTH OCEAN BLVD., UNIT #11  
City-St-Zip: DELRAY BEACH, FL 33483

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: CONRAD J SECHLER JR

MGR

02/28/2012

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