

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040826

Entity Name: LIPPEK ADVISORS, LLC

**FILED**  
**Mar 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
#2416  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

8695 COLLEGE PARKWAY  
#2416  
FT. MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 80-0715862      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LIPPEK, KARL T  
12984 BEACON COVE LANE  
FT. MYERS, FL 33919 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: LIPPEK, KARL T  
Address: 12984 BEACON COVE LANE  
City-St-Zip: FT. MYERS, FL 33919 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: KARL T. LIPPEK

MGR

03/23/2012

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