

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000053268

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** THE LAW OFFICE OF WILLIAM B. WYNNE, P.L.L.C.

**Current Principal Place of Business:**

3450 PALENCIA DRIVE  
SUITE 907  
TAMPA, FL 33618

**New Principal Place of Business:**

3450 PALENCIA DRIVE  
SUITE 2513  
TAMPA, FL 33618

**Current Mailing Address:**

PO BOX 342513  
TAMPA, FL 33694

**New Mailing Address:**

**FEI Number:** 45-2125258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYNNE, WILLIAM B ESQ.  
3450 PALENCIA DRIVE  
SUITE 907  
TAMPA, FL 33618 US

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

WYNNE, WILLIAM B ESQ.  
3450 PALENCIA DRIVE  
SUITE 2513  
TAMPA, FL 33618 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: WILLIAM B. WYNNE, ESQ.

02/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WYNNE, WILLIAM B ESQ.  
Address: PO BOX 342513  
City-St-Zip: TAMPA, FL 33694

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: WILLIAM B. WYNNE, 3RD

MR.

02/29/2012

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