2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							FIL		١		
1. Entity Nam	ne	# L11000053					2012 JUN 20				
							•		4		
Principal Place of Business 27 N. PENNOCK LANE SUITE 204			Mailing Address 27 N. PENNOCK LANE SUITE 204			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
JUPITER, FL	33458	US	JUPITER, FL 33458	US			i na n asin sahi sahi sahi		DA IDIZO IDENE O		
Principal Place of Business - No P.O. Box # Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05152012	Chg-LLC	CR2E08	33 (12/11)		
City & State			City & State			4. FEI Number				plied For	
Zip	Country		Zip Count		try	5. Certificate of Status Desired		\$5.00 Additional			
	6. Name	and Address of Current				7. Name and Address of New Registered Agent					
KUSCHEL 27 N. PEN SUITE 204	ÍNOCK LA		Name Street Address			P.O. Box Number is Not Acceptable)					
JUPITER,		3									
						City			FL Zip Code		
8. The above	named entity	y submits this statement for	the purpose of changing its	s register	ed office or register	ed agent, or both,	in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE	19an	id X. hard						6/12/	2012		
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	TE: Registere	d Agent signature required	when reinstating)		DATE			
Due	E NOW!!! by Septe	<i>\$138,75</i> FEE IS \$5 28.75 ember 28, 2012			Florida	check pa Departmei	yable to nt of State				
9, TITLE	MGRM	MANAGING MEMBER	RS/MANAGERS	10,			ADDITIONS/C		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KUSCHEL, DAVID K 27 N, PENNOCK LANE, SUITE 204				E ET ADDRESS -S1-ZIP						
TITLE	C		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS ST-ZIP	20	02366	793	22,	3 F	
TITLE			☐ Delete	TITLE		<u>Ub/21/</u>	1401U12=	:=iJ3년 -	★★] 글날. □ Change	Addition	
NAME STREET ADDRESS				NAME STRE	ET ADDRESS					.	
CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·			ST-ZIP						
TITLE NAME			☐ Defete	TITLE	į.				Change	Addition	
STREET ADDRESS	ESS		STREE	T ADDRESS							
11. I hereby c	ertify that the	information supplied with	this filling dose not qualify fo		ST-ZIP	in Chapter 440. El	orida Statuta - 12	than same	(bat 45 - 1-41	rm atic =	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.											
SIGNAT	URE:	David R. Ilm	الد		6	12/2012	Luya	IAME?	15@A	اد, داس	
	_	PRINTED NAME OF SIGNING MAI	VAGING MEMBER, MANAGER, OR A	UTHORIZED		DATE	E-MAIL A				
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