

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000055757

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MEDISKY LLC

**Current Principal Place of Business:**

324 W. MORSE BLVD.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

324 W. MORSE BLVD.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 45-2182953

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOSE, WADE C  
324 W. MORSE BLVD.  
WINTER PARK, FL 32789 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:** MGRM  
**Name:** DEMKO, JOSEPH G JR  
**Address:** 6300 PARC CORNICHE DR  
**City-St-Zip:** ORLANDO, FL 32821 US

**Title:** MGRM  
**Name:** DEMKO, CHRISTOPHER J  
**Address:** 6300 PARC CORNICHE DR  
**City-St-Zip:** ORLANDO, FL 32821 US

**Title:** MGRM  
**Name:** CONEMAC, CHRIS  
**Address:** 12029 CITRUSWOOD DR  
**City-St-Zip:** ORLANDO, FL 32832 US

**Title:** MGRM  
**Name:** VOSE, WADE C  
**Address:** 324 W. MORSE BLVD  
**City-St-Zip:** WINTER PARK, FL 32789 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:** WADE C. VOSE

MGRM

04/30/2012

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