

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000066447

**FILED**  
**Feb 25, 2012**  
**Secretary of State**

**Entity Name:** HOWE COMMISSIONING COMPANY, LLC

**Current Principal Place of Business:**

424 E. CENTRAL BLVD.  
#509  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

424 E. CENTRAL BLVD.  
#509  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MUSCENTE, BEN  
424 E. CENTRAL BLVD  
509  
ORLANDO, FL 32801 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: MACDONALD, ROBERT D  
Address: PO BOX 720127  
City-St-Zip: ORLANDO, FL 32822 US

Title: MGRM  
Name: MUSCENTE, BENJAMIN  
Address: 101 LONGWATER DRIVE #203  
City-St-Zip: NORWELL, MA 02061 US

Title: MGRM  
Name: NEWMAN, ANDREW D  
Address: 101 LONGWATER DRIVE  
City-St-Zip: NORWELL, MA 02061 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: ANDREW D. NEWMAN                      MGR                      02/25/2012

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