

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067407

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** SUMMERS BREEZE LLC

**Current Principal Place of Business:**

3750 GUNN HWY  
SUITE 207  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 555  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SHEPHERDSON, EDWIN  
3750 GUNN HWY  
SUITE 207  
TAMPA, FL 33556 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: SHEPHERDSON, EDWIN  
Address: 3750 GUNN HWY, SUITE 207  
City-St-Zip: TAMPA, FL 33618

Title: MGR  
Name: SHEPHERDSON, E A  
Address: 3750 GUNN HWY, SUITE 207  
City-St-Zip: TAMPA, FL 33618

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:** EDWIN SHEPHERDSON

MGRM

04/10/2012

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