

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081093

Entity Name: LARKIN & LARKIN, LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11825 OLD LAKELAND HIGHWAY  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1474  
DADE CITY, FL 33526 US

**New Mailing Address:**

FEI Number: 45-3232575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AUVIL, JONATHAN L  
JOHNSON, AUVIL, BROCK & WILSON, P.A.  
37837 MERIDIAN AVENUE  
DADE CITY, FL 33525 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: GORDON R. LARKIN REVOCABLE LIVING TRUST  
Address: 11825 OLD LAKELAND HIGHWAY  
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM  
Name: JOSEPHINE LEE LARKIN REVOCABLE LIVING TRUS  
Address: 11825 OLD LAKELAND HIGHWAY  
City-St-Zip: DADE CITY, FL 33525 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: GORDON R. LARKIN

MGRM

04/27/2012

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