

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082271

Entity Name: MA SOUTH FLORIDA LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6789 LAS COLINAS STREET  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

6789 LAS COLINAS STREET  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 90-0744691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRODERICK, CECIL  
6789 LAS COLINAS STREET  
LAKE WORTH, FL 33463 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: CANNATA, ROBERT  
Address: 2515 SOUTH CORAL TRACE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM  
Name: REAGAN, NANCY  
Address: 810 BAMBOO LANE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM  
Name: BRODERICK, CECIL  
Address: 6789 LAS COLINAS STREET  
City-St-Zip: LAKE WORTH, FL 33463

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: CECIL BRODERICK

MGRM

01/05/2012

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