

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000088846

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** 7872 SONOMA SPRINGS CIRCLE UNIT 104, LLC

**Current Principal Place of Business:**

44 WEST CUCHAWAN TRACE  
DEBE, TRINIDAD

**New Principal Place of Business:**

279 NE 2ND AVENUE  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

44 WEST CUCHAWAN TRACE  
DEBE, TRINIDAD

**New Mailing Address:**

279 NE 2ND AVENUE  
DELRAY BEACH, FL 33444

**FEI Number:** 45-4775533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMBRIDGE, KATHLEIN  
C/O DESTINATIONS REALTY  
279 NE 2ND AVE.  
DELRAY BEACH, FL 33444 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: MANGROO, ANAND  
Address: 44 WEST CUCHAWAN TRACE  
City-St-Zip: DEBE, XX TRINIDAD

Title: MGRM  
Name: MANGROO, ASHA  
Address: 44 WEST CUCHAWAN TRACE  
City-St-Zip: DEBE, XX TRINIDAD

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: ANAND MANGROO

MGRM

04/28/2012

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