

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101005

Entity Name: LINDER COUSINS LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

108 WOOD CREEK DR S  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

108 WOODCREEK DR S  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

108 WOOD CREEK DR S  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

108 WOODCREEK DR S  
SAFETY HARBOR, FL 34695

FEI Number: 59-3560881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LINDER, OWEN MD  
108 WOOD CREEK DR S  
SAFETY HARBOR, FL 34695 US

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

LINDER, OWEN MD  
108 WOODCREEK DR S  
SAFETY HARBOR, FL 34695 US

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:

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LINDER, OWEN MD  
Address: 108 WOOD CREEK DR S  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM  
Name: LINDER, OWEN MD  
Address: 108 WOOD CREEK DR S  
City-St-Zip: SAFETY HARBOR, FL 34695

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: OWEN LINDER MD

DR

01/04/2012

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