

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101721

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** CODY'S AT TALLAHASSEE LLC

**Current Principal Place of Business:**

2505 SW COLLEGE ROAD  
OCALA, FL 34471 US

**New Principal Place of Business:**

1926 CAPITAL CIRLE N.E.  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

2505 SW COLLEGE ROAD  
OCALA, FL 34471 US

**New Mailing Address:**

1926 CAPITAL CIRLE N.E.  
TALLAHASSEE, FL 32308 US

**FEI Number:** 90-0765036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROW & DOBBINS, P.A.  
1301 N.E. 14TH STREET  
OCALA, FL 34470 US

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

DEMETRIADIS, JOHN  
2505S.W. COLLEGE RD  
OCALA, FL 34471 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:** JOHN DEMETRIADIS

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MUSIKANTOW, ALLEN S  
**Address:** 2505 COLLEGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGRM  
**Name:** DEMETRIADIS, JOHN  
**Address:** 2505 COLLEGE ROAD  
**City-St-Zip:** Ocala, FL 34471 US

**Title:** MGR  
**Name:** DEMETRIADIS, EUGENIA  
**Address:** 449 SW 80TH STREET  
**City-St-Zip:** Ocala, FL 34476

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:** JOHN DEMETRIADIS

MGRM

02/15/2012

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