

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104567

Entity Name: 300 OPATRY, 107 LLC

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

8119 GABRIEL DRIVE  
PORT RICHEY, FL 34668

## **New Principal Place of Business:**

8119 GABRIEL DRIVE  
PORT RICHEY, FL 34668 UN

## **Current Mailing Address:**

8119 GABRIEL DRIVE  
PORT RICHEY, FL 34668

## **New Mailing Address:**

8119 GABRIEL DRIVE  
PORT RICHEY, FL 34668 UN

FEI Number: 45-3627451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROSS, SHEILA A  
8119 GABRIEL DRIVE  
PORT RICHEY, FL 34668 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: MGR  
Name: ROSS, SHEILA A  
Address: 8119 GABRIEL DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

Title: MGRM  
Name: ROSS, ROBERT H  
Address: 8119 GABRIEL DRIVE  
City-St-Zip: PORT RICHEY, FL 34668

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: SHEILA A. ROSS

MGR

01/14/2012

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