

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000105724

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** LA MANAGEMENT HOLDINGS, LLC

**Current Principal Place of Business:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

310 10TH AVE N  
SAFETY HARBOR, FL 34695 US

**Current Mailing Address:**

24641 US HWY 19 N  
CLEARWATER, FL 33763 US

**New Mailing Address:**

310 10TH AVE N  
SAFETY HARBOR, FL 34695 US

**FEI Number:** 45-3274924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEST COAST COMMONWEALTH PARTNERS, LLC  
24641 US HWY 19 N  
CLEARWATER, FL 33763 US

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

WEST COAST COMMONWEALTH PARTNERS, LLC  
310 10TH AVE N  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/27/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEST COAST COMMONWEALTH PARTNERS, LLC  
Address: 310 10TH AVE N  
City-St-Zip: SAFETY HARBOR, FL 34965 US

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: WEST COAST COMMONWEALTH PARTNERS, LLC

MGRM

04/27/2012

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