

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106127

Entity Name: TIMOTHY MCDERMOTT LLC

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

529 ONE CENTER BLVD  
APT 202  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

529 ONE CENTER BLVD  
APT 202  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 45-4501569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ORTIZ, CHRISTINE M  
3955 RED BUG LAKE ROAD  
CASSELBERRY, FL 32707 US

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

MCDERMOTT, TIMOTHY D  
529 ONE CENTER BLVD  
APT 202  
ALTAMONTE SPRINGS, FL 32701 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: TIMOTHY MCDERMOTT

03/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCDERMOTT, TIMOTHY  
Address: 529 ONE CENTER BLVD, APT 202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: TIMOTHY MCDERMOTT

MGR

03/06/2012

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