

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111683

Entity Name: GABOR SANDOR LLC

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2225 NURSERY RD  
BUILDING 19, APT 103  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2225 NURSERY RD  
BUILDING 19, APT 103  
CLEARWATER, FL 33764

**New Mailing Address:**

FEI Number: 45-3459271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDOR, GABOR  
2225 NURSERY ROAD  
BUILDING 19, APT 103  
CLEARWATER, FL 33764 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: SANDOR, GABOR  
Address: 2225 NURSERY RD, BUILDING 19 APT 103  
City-St-Zip: CLEARWATER, FL 33764

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: GABOR SANDOR

MEMB

04/16/2012

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