

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000127134

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** FLORENOVE PROPERTIES LLC

**Current Principal Place of Business:**

2710 DEL PRADO BLVD. #2-123  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

**Current Mailing Address:**

2710 DEL PRADO BLVD. #2-123  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

**FEI Number:** 30-0704653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIMA, SOPHIE  
7601 EAST TREASURE DRIVE  
CU # 9  
NORTH BAY VILLAGE, FL 33141 US

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

LIMA, SOPHIA  
7601 EAST TREASURE DRIVE  
CU # 9  
NORTH BAY VILLAGE, FL 33141 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: SOPHIA LIMA

04/29/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LINSSEN, PHILIPPE P  
Address: 2710 DEL PRADO BLVD. #2-123  
City-St-Zip: CAPE CORAL, FL 33904 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: PHILIPPE P. LINSSEN

MGRM

04/29/2012

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