

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000139766

**Entity Name:** ELKIN & HOGNEFELT, PLLC

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3390 SPRING LAKE HIGHWAY  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 12032  
BROOKSVILLE, FL 34602

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELKIN, BARRY M  
3390 SPRING LAKE HIGHWAY  
BROOKSVILLE, FL 34602 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:** MGRM  
**Name:** ELKIN, BARRY M  
**Address:** POST OFFICE BOX 12032  
**City-St-Zip:** BROOKSVILLE, FL 34603

**Title:** MGR  
**Name:** HOGNEFELT, CARL J  
**Address:** POST OFFICE BOX 12032  
**City-St-Zip:** BROOKSVILLE, FL 34603

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:** S/ BARRY M. ELKIN

MGRM

03/25/2012

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