

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140235

Entity Name: 12550 NW 43 LANE, LLC

**FILED**  
**Feb 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

12550 NW 43 LN  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

% REDSIELD FARM, LLC  
237 OLD TURNPIKE RD  
CALIFON, NJ 07830 US

**New Mailing Address:**

REDIELD FARM, LLC  
237 OLD TURNPIKE RD  
CALIFON, NJ 07830 US

FEI Number: 45-4099951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SPADONE, EMIL J JR  
5845 NW 115 AVE  
OCALA, FL 34482 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: SPADONE, EMIL J JR  
Address: 5845 NW 115 AVE  
City-St-Zip: OCALA, FL 34482 US

Title: MGR  
Name: SCHROEDER, BASTIAN  
Address: 237 OLD TURNPIKE ROAD  
City-St-Zip: CALIFON, NJ 07830

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: BASTIAN SCHROEDER

MGR

02/04/2012

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