

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142255

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** CORPORATE OFFICE OF FLORIDA LLC

**Current Principal Place of Business:**

1171 BEACH BLVD  
STE 103  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

1171 BEACH BLVD STE 103  
JACKSONVILLE, FL 32250 US

**Current Mailing Address:**

14286 BEACH BLVD  
STE 19-154  
JACKSONVILLE, FL 32250

**New Mailing Address:**

PO BOX 51468  
JACKSONVILLE, FL 32240

**FEI Number:** 45-4085423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

VANNIEKERK, ALBERT P  
4760 SEASCAPE WAY  
APT 105  
JACKSONVILLE, FL 32224 US

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

VANNIEKERK, ALBERT P  
1171 BEACH BLVD STE 103  
JACKSONVILLE, FL 32250 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:** ALBERT VANNIEKERK

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** VANNIEKERK, ALBERT P  
**Address:** 4760 SEASCAPE WAY APT 105  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** ALBERT VANNIEKERK

MGRM

05/01/2012

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