

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006153

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** L & S PROPERTIES - FLORIDA, LLC

**Current Principal Place of Business:**

481 THORPE ROAD  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

6770 E 56TH AVE  
COMMERCE CITY, CO 80022 US

**New Mailing Address:**

**FEI Number:** 91-2029261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPENCER, PAT  
481 THORPE ROAD  
ORLANDO, FL 32824 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:** SPENCER, DENNIS I  
**Address:** 201 WESTMORELAND CIRCLE  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** SPENCER, PAT  
**Address:** 201 WESTMORELAND CIRCLE  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** MGRM  
**Name:** LAMBERSON, MARCELLA G  
**Address:** 1296 PARTRIDGE STREET  
**City-St-Zip:** MARIETTA, GA 30062

**Title:** MGRM  
**Name:** LAMBERSON, KEITH  
**Address:** 1296 PARTRIDGE STREET  
**City-St-Zip:** MARIETTA, GA 30062

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:** STACY CASARES

CTRL

01/09/2012

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