

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000000353

Entity Name: FSI OF MICHIGAN, LLC

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

596 N LAPEER ROAD  
LAKE ORION, MI 48362

**New Principal Place of Business:**

**Current Mailing Address:**

596 N LAPEER ROAD  
LAKE ORION, MI 48362

**New Mailing Address:**

FEI Number: 27-1708885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROOKS, JEAN M  
2105 CASCADES COVE DRIVE  
ORLANDO, FL 328202250 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: BOUTROUS, EDWARD T  
Address: 596 N LAPEER ROAD  
City-St-Zip: LAKE ORION, MI 48362

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: EDWARD T. BOUTROUS

MR.

02/10/2012

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