

**2011 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

2011 APR 20 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05212012 Chg-LLC CR2E083 (12/11)

4. FEI Number **27-0773658** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☐

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STACHURSKI, JENNIFER
2260 WEDNESDAY ST., SUITE 200
TALLAHASSEE, FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLARY, LOWELL R 2260 WEDNESDAY ST., SUITE 200 TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete |
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04/29/11--80096--019 **500.00

FF \$138.⁷⁵
OP 361.²⁵

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **LOWELL R. CLARY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

E-MAIL ADDRESS

Handwritten signature/initials