

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017685

Entity Name: FLORIDA LAMBDARAIL, LLC**Current Principal Place of Business:**1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309**Current Mailing Address:**1607 VILLAGE SQUARE BLVD, SUITE 4
TALLAHASSEE, FL 32309 US**FEI Number:** 20-0377087**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SWEARINGEN, SANDRA LCFO
1607 VILLAGE SQUARE BLVD
SUITE 4
TALLAHASSEE, FL 32309 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	LAZOR, JOSEPH
Address	1607 VILLAGE SQUARE BLVD SUITE 4
City-State-Zip:	TALLAHASSEE FL 32309

Title	MGRM
Name	HARTMAN, JOEL
Address	350 MILLICAN HALL
City-State-Zip:	ORLANDO FL 32816

Title	MGRM
Name	BALL, JASON DR
Address	777 GLADES ROAD
City-State-Zip:	BOCA RATON FL 33431

Title	MGRM
Name	NEWMAN, RICHARD
Address	150 WEST UNIVERSITY BLVD
City-State-Zip:	MELBOURNE FL 32901

Title	MGRM
Name	BARRETT, MICHAEL
Address	6100 UNIVERISTY CENTER, BUILDING C
City-State-Zip:	TALLHASSEE FL 32306-2630

Title	MGRM
Name	IBARRA, JULIO
Address	UNIVERSITY PARK PC 330E
City-State-Zip:	MIAMI FL 33199

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH LAZOR**EXECUTIVE DIRECTOR****01/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date