

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000025045

**Entity Name:** INDIAN RIVER SELLER, LLC

**Current Principal Place of Business:**

61 BLUE ISLAND STREET  
SEBASTIAN, FL 32958

**Current Mailing Address:**

P.O. BOX 780098  
SEBASTIAN, FL 32978

**FEI Number:** 45-4605487

**Certificate of Status Desired:** No

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

ALLOCCO, ANDREW  
61 BLUE ISLAND STREET  
SEBASTIAN, FL 32958 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            ALLOCCO, ANDREW  
Address        P.O. BOX 780098  
City-State-Zip: SEBASTIAN FL 32978

*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:** ANDREW ALLOCCO

**MANAGER**

**04/13/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date