

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022773

**FILED**  
**Sep 12, 2012**  
**Secretary of State**

**Entity Name:** CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Principal Place of Business:**

2106 MONTANA ST.  
ORLANDO, FL 32803

**Current Mailing Address:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Mailing Address:**

2106 MONTANA ST.  
ORLANDO, FL 32803

FEI Number: 51-0463667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUM, LONNIE  
1432 NIOBE CT  
ORLANDO, FL 32822 US

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

BLUM, LONNIE  
2106 MONTANA ST.  
ORLANDO, FL 32803 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:

09/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LONNIE, BLUM  
Address: 2106 MONTANA ST.  
City-St-Zip: ORLANDO, FL 32803

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: LONNIE BLUM

MGR

09/12/2012

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