

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048690

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA BUILDING MAINTENANCE, LLC

**Current Principal Place of Business:**

3947 BLVD CENTER DRIVE STE 100  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3947 BLVD CENTER DRIVE STE 100  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 41-2279395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONICA, FOURMAN  
7933 BAYMEADOWS WAY  
SUITE 9  
JACKSONVILLE, FL 32256 US

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

MONICA, FOURMAN  
3947 BOULEVARD CENTER DRIVE  
SUITE 100  
JACKSONVILLE, FL 32207 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: MONICA FOURMAN

02/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: FOURMAN, MONICA M MRS.  
Address: 3947 BOULEVARD CENTER DRIVE, STE 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM  
Name: FOURMAN, CARY R  
Address: 3947 BOULEVARD CENTER DRIVE, STE 100  
City-St-Zip: JACKSONVILLE, FL 32207

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: MONICA FOURMAN

P

02/21/2012

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