

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029341

Entity Name: CENTER CONTRACTING COMPANY OF CENTRAL FLORIDA, LLC**FILED**
Apr 15, 2013
Secretary of State
CC3411526311**Current Principal Place of Business:**237 S. WESTMONTE DR., STE 140
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**237 S. WESTMONTE DR., STE 140
ALTAMONTE SPRINGS, FL 32714**FEI Number: 32-0043976****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DVP
Name OGIER, GERALD D
Address 216 NOB HILL CIR
City-State-Zip: LONGWOOD FL 32779Title DVTS
Name SCHAFFER, JOHN A
Address 4019 BERMUDA GROVE PLACE
City-State-Zip: LONGWOOD FL 32779Title DVP
Name OGIER, MARK C
Address 616 GRAND CYPRESS POINT
City-State-Zip: SANFORD FL 32771Title DVP
Name OGIER, STEVEN D
Address 801 EDGEFFOREST TERRACE
City-State-Zip: SANFORD FL 32771

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: JOHN SCHAFFER**DVTS****04/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date