

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110981

**Entity Name:** CONSUMER ADVOCACY NETWORK, LLC

**Current Principal Place of Business:**

126 WEST ADAMS STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

126 WEST ADAMS STREET  
JACKSONVILLE, FL 32202 US

**FEI Number: 26-3805921**

**Certificate of Status Desired: No**

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

BELLER, REBECCA  
12627 SAN JOSE BLVD  
SUITE 703  
JACKSONVILLE, FL 32223 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 MGRM  
Name KOWALSKI, JAMES JR  
Address 126 WEST ADAMS STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title MGRM  
Name BUSTAMANTE, MINA  
Address 12627 SAN JOSE BLVD., SUITE 703  
City-State-Zip: JACKSONVILLE FL 32223

Title MGRM  
Name BELLER, REBECCA  
Address 12627 SAN JOSE BLVD., SUITE 703  
City-State-Zip: JACKSONVILLE FL 32223

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES A KOWALSKI JR**

**MGR / MBR**

**02/21/2014**

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

\_\_\_\_\_  
Date