

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012471

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** METTLER, SHELTON, RANDOLPH, CARROLL & STERLACCI, P.L.

**Current Principal Place of Business:**

340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 06-1803870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHELTON, JOHN W  
340 ROYAL PALM WAY, SUITE 100  
PALM BEACH, FL 33480 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHN, RANDOLPH C II  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: SHELTON, JOHN W  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: CARROLL, WILLIAM C  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: STERLACCI, MICHAEL V  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM  
Name: MASSEY, TAMMIE B  
Address: 340 ROYAL PALM WAY, SUITE 100  
City-St-Zip: PALM BEACH, FL 33480

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: WILLIAM C CARROLL

MGRM

03/07/2011

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