

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003550

Entity Name: CFRA, LLC

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

CORPORATE CENTER THREE AT INTL. PLAZA  
4221 W. BOY SCOUT BLVD., STE. 1000  
TAMPA, FL 336075736 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3239  
TAMPA, FL 336013239 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

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

WINDERS, PETER J  
CORPORATE CENTER THREE AT INTL. PLAZA  
4221 W. BOY SCOUT BLVD., STE. 1000  
TAMPA, FL 336075736 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CARLTON FIELDS, P.A.  
Address: 4221 W. BOY SCOUT BLVD., STE. 1000  
City-St-Zip: TAMPA, FL 336075736

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: HYWEL LEONARD

TMM

03/29/2011

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