

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002653

Entity Name: ASSOCIATES PLUS, LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

900 E. ATLANTIC AVE  
STE 10  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 S. FEDERAL HWY  
SUITE 100  
BOCA RATON, FL 33432 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:**

INNELLA, ALAN R  
601 S. FEDERAL HWY STE 100  
BOCA RATON, FL 33432 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: MGRP  
Name: INNELLA, ALAN  
Address: 601 S FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432 US

Title: V  
Name: INNELLA, LINDA  
Address: 601 S FEDERAL HWY  
City-St-Zip: BOCA RATON, FL 33432 US

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: ALAN R. INNELLA

P

04/06/2011

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