

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018572

Entity Name: CLM - LLC

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

695 TARPON BAY RD.  
#15  
SANIBEL ISLAND, FL 33957

**New Principal Place of Business:**

**Current Mailing Address:**

6795 PLANTATION MANOR LOOP  
FT. MYERS, FL 33966

**New Mailing Address:**

FEI Number: 55-0835129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALSZYCKI, CINDY L  
6795 PLANTATION MANOR LOOP  
FT. MYERS, FL 33966 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: MALSZYCKI, CINDY  
Address: 695 TARPON BAY RD #15  
City-St-Zip: SANIBEL, FL 33957

Title: MG  
Name: MALSZYCKI, TIMOTHY J MR.  
Address: 6795 PLANTATION MANOR LOOP  
City-St-Zip: FORT MYERS, FL 33966

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: CINDY MALSZYCKI

MRS.

01/05/2011

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