

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024618

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: CORPORATE CENTER, LLC

**Current Principal Place of Business:**

5004 STATE ROAD 64 EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

2300 BEE RIDGE RD STE 203  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 20-0082688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WICKMAN & WYCKOFF, P.A.  
4909 MANATEE AVENUE WEST  
BRADENTON, FL 34209 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: MGR ( ) Delete  
Name: POLIVCHAK, JEFFERY D  
Address: 5004 STATE ROAD 64 EAST  
City-St-Zip: BRADENTON, FL 34208

Title: MGR ( ) Delete  
Name: WIDNER, MARY E  
Address: 5004 STATE ROAD 64 EAST  
City-St-Zip: BRADENTON, FL 34208

Title: MGR ( ) Delete  
Name: CONRAD, DANIEL J  
Address: 5004 STATE ROAD 64 EAST  
City-St-Zip: BRADENTON, FL 34208

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARY WIDNER

MGR

01/20/2009

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