

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045507

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** CHRISTOPHER M. CLEAVER, LLC

**Current Principal Place of Business:**

4333 COUNTY BREEZE DR.  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

11426 KITTEN TRAIL  
HUDSON, FL 34669

**Current Mailing Address:**

4333 COUNTY BREEZE DR.  
NEW PORT RICHEY, FL 34653

**New Mailing Address:**

11426 KITTEN TRAIL  
HUDSON, FL 34669

FEI Number: 20-0406697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEAVER, CHRISTOPHER M  
4333 COUNTY BREEZE DR.  
NEW PORT RICHEY, FL 34653 US

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

CLEAVER, CHRISTOPHER M  
11426 KITTEN TRAIL  
HUDSON, FL 34669 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

04/27/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLEAVER, CHRISTOPHER M  
Address: 11426 KITTEN TRAIL  
City-St-Zip: HUDSON, FL 34669

Title: MGRM  
Name: CLEAVER, EDWARD S  
Address: 11436 KITTEN TRAIL  
City-St-Zip: HUDSON, FL 34669

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: CHRISTOPHER M. CLEAVER

MGRM

04/27/2011

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