

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000005902

**FILED**  
**Feb 03, 2012**  
**Secretary of State**

**Entity Name:** CHARLES FLETCHER, LLC

**Current Principal Place of Business:**

352 CLERMONT DRIVE  
KISSIMMEE, FL 34759

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 451677  
KISSIMMEE, FL 34745

**New Mailing Address:**

**FEI Number:** 20-0638399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUSH, PSYCHE  
352 CLERMONT DRIVE  
KISSIMMEE, FL 34759 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: CEO  
Name: FLETCHER, CHARLES A  
Address: 352 CLERMONT DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

Title: OPPS  
Name: BUSH, PSYCHE F  
Address: 352 CLERMONT DRIVE  
City-St-Zip: KISSIMMEE, FL 34759

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: CHARLES FLETCHER

CEO

02/03/2012

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