

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000047116

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** THE ESTATE, TRUST & ELDER LAW FIRM, P.L.

**Current Principal Place of Business:**

240 N.W. PEACOCK BLVD., STE 102  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

240 N.W. PEACOCK BLVD., STE 102  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 81-0652589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FOWLER, MICHAEL D ESQ.  
1680 S.W. LUCIE WEST BLVD., #204  
PORT ST. LUCIE, FL 34986 US

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

FOWLER, MICHAEL D ESQ.  
240 N.W. PEACOCK BLVD., STE 102  
PORT ST. LUCIE, FL 34986 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:** MICHAEL D. FOWLER

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** FOWLER, MICHAEL D ESQ.  
**Address:** 240 N.W. PEACOCK BLVD., STE 102  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** MICHAEL D. FOWLER

MGRM

02/16/2011

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