

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053123

FILED  
Feb 17, 2012  
Secretary of State

Entity Name: CUSTER GROUP, LLC

**Current Principal Place of Business:**

1857 WELLS RD  
#3  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1757 FIDDLERS RIDGE DR  
ORANGE PARK, FL 32003 US

**New Mailing Address:**

FEI Number: 20-1436270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DONNELL, SHERRI C  
1757 FIDDLERS RIDGE DR  
ORANGE PARK, FL 32003 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  
Name: DONNELL, SHERRI C  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: ORANGE PARK, FL 32003 US

Title: MGR  
Name: DONNELL, SHERRI  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 0

Title: MGR  
Name: DONNELL, SHERRI  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 0

Title: MGR  
Name: DONNELL, SHERRI  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 0

Title: MGR  
Name: DONNELL, SHERRI  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 0

Title: MGR  
Name: DONNELL, SHERRI  
Address: 1757 FIDDLERS RIDGE DR  
City-St-Zip: FLEMING ISLAND, FL 32003 0

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: SHERRI C DONNELL

OWNE

02/17/2012

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