

DOCUMENT# L04000093397

**Entity Name:** CENTRAL FLORIDA PROPERTY MANAGEMENT, LLC

**Current Principal Place of Business:**

1843 US 27 N  
SEBRING, FL 33870 US

**New Principal Place of Business:****Current Mailing Address:**

1843 US 27 N  
SEBRING, FL 33870 US

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X) ☒ Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CARTER, RONNIE T SR  
1843 US 27 N  
SEBRING, FL 33870 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: RONNIE T CARTER SR

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CARTER, RONNIE T SR  
Address: 1843 US 27 N  
City-St-Zip: SEBRING, FL 33870 US

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Delete  
Name: CARTER, SANDRA D  
Address: 1843 US 27 N  
City-St-Zip: SEBRING, FL 33870 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONNIE T CARTER SR

MR.

10/16/2006

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