

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058562

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** CALVIN NEIL WHITENER, LLC

**Current Principal Place of Business:**

30110 LOBLOLLY PINE DRIVE  
PUNTA GORDA, FL 33982

**New Principal Place of Business:**

**Current Mailing Address:**

30110 LOBLOLLY PINE DRIVE  
PUNTA GORDA, FL 33982

**New Mailing Address:**

**FEI Number:** 26-3607936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALL FLORIDA FIRM INC  
465 S VOLUSIA AVE  
SUITE C  
ORANGE CITY, FL 32763 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: MGRM  
Name: WHITENER, C. NEIL OWNER  
Address: 30110 LOBLOLLY PINE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

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: C. NEIL WHITENER

MGRM

04/25/2012

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