

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000069679

Entity Name: CNS-HTW, LLC

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2704 SOUTHERN OAKS DRIVE  
CANTONMENT, FL 32533

**New Principal Place of Business:**

**Current Mailing Address:**

2704 SOUTHERN OAKS DRIVE  
CANTONMENT, FL 32533

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

HENDERSON, JAMES STEVE MGRM  
2704 SOUTHERN OAKS DRIVE  
CANTONMENT, FL 32533 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: WILLIAMS, CHAD A MEMBER  
Address: 2613 HIGHWAY 95A SOUTH  
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM  
Name: HENDERSON, JAMES S MEMBER  
Address: 2704 SOUTHERN OAKS DRIVE  
City-St-Zip: CANTONMENT, FL 32533

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: CHAD WILLIAMS

MGRM

03/28/2012

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