

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094240

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** MISSION CONECA FT. PIERCE, LLC

**Current Principal Place of Business:**

210 N UNIVERSITY DR  
SUITE 212  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

210 N UNIVERSITY DR  
SUITE 212  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 20-3529680

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DUNLEAVY, DAVID  
210 N UINVERSITY DR  
SUITE 212  
CORAL SPRINGS, FL 33071 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: CONECA INC.  
Address: 210 N UNIVERSITY DR SUITE 212  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: DAVID DUNLEAVY

P

04/14/2011

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