

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000111460

Entity Name: C. BUDDE CPA, P.L.

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6719 WINKLER ROAD  
SUITE 114  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

6719 WINKLER ROAD  
SUITE 114  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 75-3204398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUDDE, CYRIL J JR.  
6719 WINKLER ROAD  
SUITE 114  
FORT MYERS, FL 33919 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: BUDDE, CYRIL J JR.  
Address: 6719 WINKLER ROAD, SUITE 114  
City-St-Zip: FORT MYERS, FL 33919

Title: SECR  
Name: SANTANA, ANA M  
Address: 6719 WINKLER ROAD, SUITE 114  
City-St-Zip: FORT MYERS, FL 33919

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: CYRIL J. BUDDE, JR.

MGRM

01/11/2011

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