

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000365

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** CURTIS RESEARCH ASSOCIATES LLC

**Current Principal Place of Business:**

6415 MIDNIGHT PASS RD PH10  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

6415 MIDNIGHT PASS RD PH10  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:** 83-0442369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON, CURTIS E JR.  
6415 MIDNIGHT PASS RD PH10  
SARASOTA, FL 34242 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: P  
Name: LARSON, CURTIS E JR.  
Address: 6415 MIDNIGHT PASS RD PH10  
City-St-Zip: SARASOTA, FL 34242

Title: P  
Name: LARSON, CARIN J  
Address: 6415 MIDNIGHT PASS RD PH10  
City-St-Zip: SARASOTA, FL 34242

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: CURTIS E LARSON, JR

PRIN

01/05/2012

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