

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021649

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** PHAMERA LLC

**Current Principal Place of Business:**

4426 PORPOISE DRIVE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9715  
TAMPA, FL 33674

**New Mailing Address:**

**FEI Number:** 20-4441425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTOPHER, MELVIN  
4426 PORPOISE DRIVE  
TAMPA, FL 33617 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:** EDWARDS, RALPH  
**Address:** 1402 E. NEW ORLEANS  
**City-St-Zip:** TAMPA, FL 33603

**Title:** MGRM  
**Name:** CHRISTOPHER, MELVIN  
**Address:** 4426 PORPOISE DRIVE  
**City-St-Zip:** TAMPA, FL 33617

**Title:** MGRM  
**Name:** SIMEON, PHANORD  
**Address:** 1205 E. HENRY AVENUE  
**City-St-Zip:** TAMPA, FL 33604

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:** MELVIN CHRISTOPHER

MGRM

04/12/2011

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