

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059527

**FILED**  
**Sep 20, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA FILTER SERVICE, LLC

**Current Principal Place of Business:**

3675 NE 36TH AVENUE, STE. E  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5207  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 20-5023432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELSON, RAY  
3675 NE 36TH AVENUE, STE. E  
OCALA, FL 34479 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:** MGR  
**Name:** HARRELSON, RAY  
**Address:** 3675 NE 36TH AVENUE, STE. E  
**City-St-Zip:** Ocala, FL 34479

**Title:** MGR  
**Name:** HARRELSON, MARY  
**Address:** 3675 NE 36TH AVENUE, STE. E  
**City-St-Zip:** Ocala, FL 34479

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:** RAY HARRELSON

MGR

09/20/2012

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