

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063122

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** C.A.T. ENTERPRISES OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

12627 SAN JOSE BLVD  
STE. 904  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

240 RIVER PLANTATION ROAD S  
SAINT AUGUSTINE, FL 32092

**Current Mailing Address:**

12627 SAN JOSE BLVD  
STE. 904  
JACKSONVILLE, FL 32223

**New Mailing Address:**

240 RIVER PLANTATION ROAD S  
SAINT AUGUSTINE, FL 32092

**FEI Number:** 20-5083480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TILLEY & CALLAHAN, P.A., CPA'S  
4465 BAYMEADOWS RD.  
STE. 3  
JACKSONVILLE, FL 32217 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: COLLINS, THOMAS  
Address: 12627 SAN JOSE BLVD STE. 904  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM  
Name: NADEAU, HENRI  
Address: 12627 SAN JOSE BLVD STE. 904  
City-St-Zip: JACKSONVILLE, FL 32223

Title: MGRM  
Name: WATSON, ALICIA  
Address: 12627 SAN JOSE BLVD STE. 904  
City-St-Zip: JACKSONVILLE, FL 32223

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: ALICIA M. WATSON

AMW

03/26/2012

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