

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063304

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MIRACLE LEAGUE OF ORLANDO LLC

**Current Principal Place of Business:**

9114 GALLEN DR  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 664  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 02-0535393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PUCKETT, KELLY  
9114 GALLEN DR  
ORLANDO, FL 32819 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:** PUCKETT, KELLY  
**Address:** 9114 GALLEN DR  
**City-St-Zip:** ORLANDO, FL 32819

**Title:** MGR  
**Name:** CENTRAL FLORIDA MIRACLE LEAGUE, INC  
**Address:** P O BOX 664  
**City-St-Zip:** WINDERMERE, FL 34786

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:** KELLY PUCKETT

MGR

03/18/2012

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