

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072206

FILED
Aug 22, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA CONTROLS, LLC

Current Principal Place of Business:

726 MARION OAKS LANE
OCALA, FL 34473

New Principal Place of Business:

Current Mailing Address:

726 MARION OAKS LANE
OCALA, FL 34473

New Mailing Address:

FEI Number: 20-5789024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, DIANE ESQ.
111 W. MAIN STREET
INVERNESS, FL 34450 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 () Delete
Name: SCHWENNEKER, ROBERT
Address: 726 MARION OAKS LANE
City-St-Zip: OCALA, FL 34473

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT SCHWENNEKER

MGRM

08/22/2008

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

LOW000072206

Central Florida Controls, LLC
P.O. Box 6121
Ocala, FL 34478
Phone: 352-347-6075
Cell Phone: 352-427-2621
Fax: 352-347-0933

To Whom It May Concern:

I did not receive a renewal notice by mail but I did receive notice to dissolve form in the mail. I did file the annual report on 8-22-08 online. I did not see any box to check if I did not get a notice to waive the fee. I am requesting that the fee be waived and that you reimburse it to me.

If I can be of further assistance, please feel free to give me a call at 352-427-2621.

Thank you,

Bob Schwenneker
Central Florida Controls, LLC

\$390.00