

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072206

**FILED**  
**Jan 03, 2011**  
**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:**

160 S SALISBURY TERRACE  
LECANTO, FL 34461

**Current Mailing Address:**

PO BOX 6121  
OCALA, FL 34478

**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  
Name: SCHWENNEKER, ROBERT  
Address: 160 S SALISBURY TERRACE  
City-St-Zip: LECANTO, FL 34461

Title: MGR  
Name: SCHWENNEKER, AMBER  
Address: 1279 O'DELL LANE  
City-St-Zip: GREENWOOD, IN 46143

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: ROBERT SCHWENNEKER

MGRM

01/03/2011

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