

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000014519

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** CONSOLIDATED OF FLORIDA LLC

**Current Principal Place of Business:**

2373 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

2373 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

**FEI Number:** 74-3258459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CARLTON, BARBARA A  
2373 STATE ROAD 44  
NEW SMYRNA BEACH, FL 32168 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:** CARLTON, BARBARA A  
**Address:** 1005 S. RIVERSIDE DRIVE  
**City-St-Zip:** EDGEWATER, FL 32132 US

**Title:** MGRM  
**Name:** CARLTON, JOHN DAVID  
**Address:** 1005 S. RIVERSIDE DR.  
**City-St-Zip:** EDGEWATER, FL 32132 US

**Title:** MGRM  
**Name:** CARLTON, FELICIA R  
**Address:** 6280 S. YORK HIGHWAY  
**City-St-Zip:** CLARK RANGE, TN 38553 US

**Title:** MGRM  
**Name:** HARVEY, ANGELA R  
**Address:** 6280 S. YORK HIGHWAY  
**City-St-Zip:** CLARK RANGE, TN 38553 US

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:** BARBARA A. CARLTON

MGRM

01/23/2012

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