

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043058

FILED  
Jan 19, 2011  
Secretary of State

Entity Name: ENTRUST FREEDOM, LLC

**Current Principal Place of Business:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

1520 ROYAL PALM SQ. BLVD.  
#320  
FORT MYERS, FL 33919 US

**New Mailing Address:**

FEI Number: 27-0275515      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ISLAND FINANCIAL SERVICES, INC.  
4560 VIA ROYALE #1  
FORT MYERS, FL 3319 US

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

ISLAND FINANCIAL SERVICES, INC.  
1520 ROYAL PALM SQ. BLVD  
320  
FORT MYERS, FL 33919 US

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:

01/19/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ISLAND FINANCIAL SERVICES INC  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: HALL, BRANDON  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: KNOWER, THERESA  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGR  
Name: OWENS, DAVID A  
Address: 1520 ROYAL PALM SQ. BLVD SUITE 320  
City-St-Zip: FORT MYERS, FL 33919

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: ISLAND FINANCIAL SERVICES, INC

MGRM

01/19/2011

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