

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000057604

Entity Name: ELABORWRITE, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4017 BARCELONA  
TAMPA, FL 33629 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18682  
TAMPA, FL 33679 US

**New Mailing Address:**

FEI Number: 26-0347164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CASKEY, JOHN  
4017 BARCELONA  
TAMPA, FL 33629 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: CASKEY, JOYCE  
Address: PO BOX 18682  
City-St-Zip: TAMPA, FL 33679 US

Title: MGR  
Name: CASKEY, JOHN  
Address: PO BOX 18682  
City-St-Zip: TAMPA, FL 33679

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: JOHN CASKEY

MGR

04/28/2011

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