

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061198

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** ACOUSTICS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1904 BARTON PARK ROAD  
SUITE 401  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

125 COLONIAL DRIVE  
AUBURNDALE, FL 33823

**Current Mailing Address:**

PO BOX 1325  
AUBURNDALE, FL 33823

**New Mailing Address:**

**FEI Number:** 26-0141232      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CAMP, TERESA L  
126 COLONIAL DRIVE  
AUBURNDALE, FL 33823      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:** MGR  
**Name:** CAMP, TERESA L  
**Address:** 126 COLONIAL DRIVE  
**City-St-Zip:** AUBURNDALE, FL 33823

**Title:** MGRM  
**Name:** CAMP, ELBERT T  
**Address:** 126 COLONIAL DRIVE  
**City-St-Zip:** AUBURNDALE, FL 33823

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: TERESA L CAMP

MGR

04/01/2011

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