

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075331

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CERTIFIED NETWORK ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

424 EAST CENTRAL BOULEVARD  
314  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

424 EAST CENTRAL BOULEVARD  
#314  
ORLANDO, FL 32801 US

**New Mailing Address:**

**FEI Number:** 26-0597645

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEST, ROBERT K JR  
802 RUGBY STREET # 3  
ORLANDO, FL 32804 US

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

GUEST, ROBERT K JR  
201 W. HAZEL STREET  
ORLANDO, FL 32804 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: ROBERT K GUEST JR.

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GUEST, ROBERT K JR  
Address: 201 W. HAZEL STREET  
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM  
Name: STRANG, PHILLIP E  
Address: 32 W. ESTHER STREET UNIT C  
City-St-Zip: ORLANDO, FL 32806 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: ROBERT K GUEST JR

MGRM

04/29/2011

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