

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090130

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** CNV COMMUNICATIONS, LLC

**Current Principal Place of Business:**

1837 RICHSON STREET  
APOPKA, FL 32712 US

**New Principal Place of Business:**

1706 EAST SEMORAN BLVD  
SUITE # 127  
APOPKA, FL 32703 US

**Current Mailing Address:**

1837 RICHSON STREET  
APOPKA, FL 32712 US

**New Mailing Address:**

1706 EAST SEMORAN BLVD  
SUITE # 127  
APOPKA, FL 32703 US

FEI Number: 26-0838894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, RENEE  
1100 RIDGE ROAD  
LONGWOOD, FL 32750 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: MURPHY, TIM  
Address: 1706 EAST SEMORAN BLVD # 127  
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM  
Name: MURPHY, AMY M  
Address: 1706 EAST SEMORAN BLVD # 127  
City-St-Zip: APOPKA, FL 32703 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: TIMOTHY S. MURPHY

MGRM

04/13/2012

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