

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000100215

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** BTMFDRS LLC

**Current Principal Place of Business:**

1720 NE 33RD LN  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

2839 SE 18TH AV  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1720 NE 33RD LN  
CAPE CORAL, FL 33909

**New Mailing Address:**

2839 SE 18TH AV  
CAPE CORAL, FL 33904

**FEI Number:** 27-2849134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELKINS, AMY J  
1720 NE 33RD LN  
CAPE CORAL, FL 33909 US

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

ELKINS, AMY J  
2839 SE 18TH AV  
CAPE CORAL, FL 33904 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: AMY ELKINS

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELKINS, STEVEN B  
Address: 2839 SE 18TH AV  
City-St-Zip: CAPE CORAL, FL 33904

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: STEVEN ELKINS

MGRM

04/27/2012

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