

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120714

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** DAW, LORENZ AND ASSOCIATES, PLLC

**Current Principal Place of Business:**

455 DOUGLAS AVENUE  
SUITE 2155-31  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

8239 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810

**Current Mailing Address:**

P.O. BOX 4791  
SANFORD, FL 32772

**New Mailing Address:**

P.O. BOX 162053  
ALTAMONTE SPRINGS, FL 327162053

**FEI Number:** 26-1507597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAW, JOHN D  
455 DOUGLAS AVENUE  
SUITE 2155-31  
ALTAMONTE SPRINGS, FL 32714 US

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

LORENZ, HEATHER A  
8239 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810 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: HEATHER A. LORENZ

04/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LORENZ, HEATHER A  
Address: P.O. BOX 162053  
City-St-Zip: ALTAMONTE SPRINGS, FL 327162053

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: HEATHER A. LORENZ

MGRM

04/26/2011

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