

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000122517

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** CJ BOLTON & ASSOCIATES, LLC

**Current Principal Place of Business:**

1111 WELLINGTON WAY  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

2519 N MCMULLEN-BOOTH ROAD  
SUITE 510262  
CLEARWATER, FL 33761

**New Mailing Address:**

**FEI Number:** 83-0451983      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOLTON, CLARK J  
1111 WELLINGTON WAY  
SAFETY HARBOR, FL 34695 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:** SILVIA E CARRIZOSA-BOLTON  
**Address:** 1111 WELLINGTON WAY  
**City-St-Zip:** SAFETY HARBOR, FL 34695 US

**Title:** MGRM  
**Name:** BOLTON, CLARK J  
**Address:** 1111 WELLINGTON WAY  
**City-St-Zip:** SAFETY HARBOR, FL 34695

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: CLARK J BOLTON

MGRM

03/17/2011

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