

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021731

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Entity Name:** INDEPENDENCE CAPITAL, LLC

**Current Principal Place of Business:**

7919 SLOEWOOD DRIVE  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

7919 SLOEWOOD DRIVE  
MT. DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 26-2175821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, ROGER W III  
7919 SLOEWOOD DRIVE  
MT. DORA, FL 32757 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:** MGR  
**Name:** MCGREGOR, DAVID A  
**Address:** 499 TWISTING PINE CIRCLE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGR  
**Name:** CONNER, ROGER W III  
**Address:** 7919 SLOEWOOD DRIVE  
**City-St-Zip:** MT. DORA, FL 32757

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:** ROGER W. CONNER III

MGR

04/16/2011

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