

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092232

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** CME OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

1719 JUNIPER CIR  
SAINT CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

1719 JUNIPER CIR  
SAINT CLOUD, FL 34769 US

**New Mailing Address:**

**FEI Number:** 26-3426112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** EMERSON, CARLA A  
**Address:** 1719 JUNIPER CIR  
**City-St-Zip:** SAINT CLOUD, FL 34769 US

**Title:** MGRM  
**Name:** EMERSON, MARK D  
**Address:** 1719 JUNIPER CIR  
**City-St-Zip:** SAINT CLOUD, FL 34769 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:** MARK D EMERSON

MGRM

04/28/2011

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