

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000092478

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ATMGUYS, LLC

**Current Principal Place of Business:**

1318 LAKE WASHINGTON ROAD  
1  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 361608  
MELBOURNE, FL 32936

**New Mailing Address:**

**FEI Number:** 26-3516959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, JAMES L  
105 S. RIVERSIDE DRIVE  
121  
INDIALANTIC, FL 32903 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:** GOODWIN, MICHAEL K  
**Address:** 550 BAHAMA DRIVE  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** MGR  
**Name:** WILSON, DENISE D  
**Address:** 225 MIAMI AVE  
**City-St-Zip:** INDIALANTIC, FL 32903

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:** DENISE D. WILSON

MGR

02/16/2012

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