

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000094793

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** FLORIDAS WEALTH MANAGEMENT GROUP LLC

**Current Principal Place of Business:**

7209 DERWENT GL CIR.  
LAND O LAKES, FL 34637

**New Principal Place of Business:**

**Current Mailing Address:**

1017 DOCKSIDE DR  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:** 26-3333985

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MATZKE, SCARLETT M  
1017 DOCKSIDE DR  
LUTZ, FL 33559 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:** JENKINS, ALLAN  
**Address:** PO BOX 1393  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** MGRM  
**Name:** JENKINS, DIANA M  
**Address:** PO BOX 1393  
**City-St-Zip:** LAND O LAKES, FL 34639

**Title:** MGRM  
**Name:** FORD, TERRINA M  
**Address:** PO BOX 1393  
**City-St-Zip:** LAND O LAKES, FL 34639

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:** SCARLETT MATZKE

MGRM

04/30/2011

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