

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095426

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** CAPITAL FINANCIAL FREEDOM, LLC

**Current Principal Place of Business:**

831 NORTH MONROE STREET  
SUITE 2  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

831 NORTH MONROE STREET  
SUITE 2  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

PO BOX 13429  
TALLAHASSEE, FL 32317 US

**FEI Number:** 26-3502386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVERY, MICHAEL C  
831 NORTH MONROE STREET  
SUITE 2  
TALLAHASSEE, FL 32303 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: AVERY, MICHAEL C  
Address: 831 NORTH MONROE STREET, SUITE 2  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM  
Name: HARVELL, BRADLEY S  
Address: 831 NORTH MONROE STREET, SUITE 2  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM  
Name: VINCENT, BRIAN D  
Address: 831 NORTH MONROE STREET, SUITE 2  
City-St-Zip: TALLAHASSEE, FL 32303 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: BRADLEY S HARVELL

MGRM

02/23/2011

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