

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000640

Entity Name: CYCLOPS OF FLORIDA, LLC

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

1904 ALAFIA OAKS DR.
VALRICO, FL 33596 US

New Principal Place of Business:

Current Mailing Address:

1904 ALAFIA OAKS DR.
VALRICO, FL 33596 US

New Mailing Address:

FEI Number: 26-3992960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONER, TIM A
1904 ALAFIA OAKS DR.
VALRICO, FL 33596 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: STONER, TIM A
Address: 1904 ALAFIA OAKS DR.
City-St-Zip: VALRICO, FL 33596 US

Title: MGR
Name: STONER, REBECCA L
Address: 1904 ALAFIA OAKS DR.
City-St-Zip: VALRICO, FL 33596 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: TIM A. STONER

MGRM

04/29/2011

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