

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012024

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CHAMBER FOR PERSONS WITH DISABILITIES, LLC

**Current Principal Place of Business:**

720 NORTH DENNING DRIVE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

3201 E COLONIAL DR  
SUITE A-20  
ORLANDO, FL 32803

**Current Mailing Address:**

720 NORTH DENNING DRIVE  
WINTER PARK, FL 32789

**New Mailing Address:**

3201 E COLONIAL DR  
SUITE A-20  
ORLANDO, FL 32803

**FEI Number:** 26-4201627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHOEMANN, PETER  
6939 SYLVAN WOODS DRIVE  
SANFORD, FL 32771 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:** GALLART, ROGUE  
**Address:** 3201 E COLONIAL DR SUITE A-20  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** MGR  
**Name:** SCHAUER, APRIL  
**Address:** 3201 E COLONIAL DR SUITE A-20  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** MGR  
**Name:** SCHOEMANN, PETER  
**Address:** 6939 SYLVAN WOODS DRIVE  
**City-St-Zip:** SANFORD, FL 32771 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:** ROGUE GALLART

MGRM

01/04/2012

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