

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050610

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** WALDRON AND ASSOCIATES LLC

**Current Principal Place of Business:**

801 S. OLIVE AVE.  
#906  
WEST PALM BEACH, FL 33401 US

**Current Mailing Address:**

P.O. BOX 3145  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

801 S. OLIVE AVE.  
#818  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 27-0238417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALDRON, KATHERINE  
801 S. OLIVE AVE.  
#906  
WEST PALM BEACH, FL 33401 US

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

WALDRON, KATHERINE  
801 S. OLIVE AVE.  
#818  
WEST PALM BEACH, FL 33401 US

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

03/15/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WALDRON, KATHERINE  
Address: 801 S. OLIVE AVE. #818  
City-St-Zip: WEST PALM BEACH, FL 33401 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: KATHERINE WALDRON

PRES

03/15/2011

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