

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090833

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA CERTIFIED MEDIATORS, L.L.C.

**Current Principal Place of Business:**

4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 27-1007407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASO CASERTA, MARIA R  
4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 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:** CASERTA, DAVID T  
**Address:** 12121 NE 16TH AVE.  
**City-St-Zip:** NORTH MIAMI, FL 33161

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:** CASERTA, DAVID

MGRM

04/26/2011

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