

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099622

Entity Name: FORKLIFT MASTERS, LLC

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10736 HARKWOOD BLVD.  
ORLANDO, FL 32817

**New Principal Place of Business:**

10151 UNIVERSITY BLVD  
STE 149  
ORLANDO, FL 32817

**Current Mailing Address:**

PO BOX 520217  
LONGWOOD, FL 32752

**New Mailing Address:**

10151 UNIVERSITY BLVD  
STE 149  
ORLANDO, FL 32817

FEI Number: 27-1137817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOLMETZ, MARK R  
10151 UNIVERSITY BLVD., STE. 149  
ORLANDO, FL 32817 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: KOLMETZ, MARK R  
Address: 10151 UNIVERSITY BLVD., STE 149  
City-St-Zip: ORLANDO, FL 32817

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: MARK KOLMETZ

MGRM

04/05/2011

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