

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113368

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** SHRINKWRAP OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

9101 PARKERS LANDING  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

9101 PARKERS LANDING  
ORLANDO, FL 32824

**New Mailing Address:**

**FEI Number:** 27-1934327

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEONARD, MICHAEL L  
9101 PARKERS LANDING  
ORLANDO, FL 32824 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: LEONARD, MICHAEL L  
Address: 9101 PARKERS LANDING  
City-St-Zip: ORLANDO, FL 32824

Title: MGRM  
Name: LEONARD, CHERYL W  
Address: 9101 PARKERS LANDING  
City-St-Zip: ORLANDO, FL 32824

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: CHERYL W. LEONARD

MGRM

04/18/2011

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