

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123536

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CUTTING & CORING, LLC

**Current Principal Place of Business:**

1037 SW BAY STATE ROAD  
PORT SAINT LUCIE, FL 34953 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 881251  
PORT SAINT LUCIE, FL 34988 US

**New Mailing Address:**

**FEI Number:** 36-4663074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURRELL, SEAN OWNER  
1171 LANE AVE. SOUTH  
APT. # 1511  
JACKSONVILLE, FL 32205 US

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

BURRELL, SEAN OWNER  
1037 S.W. BAY STATE ROAD  
PORT SAINT LUCIE, FL 34953 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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURRELL, SEAN OWNER  
Address: 1171 LANE AVE. SOUTH APT# 1511  
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM  
Name: WILLIAMS, COURTNEY  
Address: 1037 SW BAY STATE ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953 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: SEAN BURRELL

MGRM

04/30/2012

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