

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005501

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** ABC REALTY OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

5445 CAPE HATTERAS DR  
CLERMONT, FL 34714

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 135093  
CLERMONT, FL 34713

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ESTEVEZ, CAROLINA  
5445 CAPE HATTERAS DR  
CLERMONT, FL 34714 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: MGR  
Name: ESTEVEZ, CAROLINA  
Address: 5445 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGRM  
Name: MONGE, NIGEL  
Address: 5445 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

Title: MGRM  
Name: MORALES, MICHAEL  
Address: 5445 CAPE HATTERAS DR  
City-St-Zip: CLERMONT, FL 34714

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:** CAROLINA ESTEVEZ

MGR

03/08/2012

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