

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005990

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** THE LAW OFFICES OF WAYNE F. DEFREITAS, P.L.

**Current Principal Place of Business:**

665 CARRINGTON LANE  
WESTON, FL 33326 US

**New Principal Place of Business:**

5100 BURCHETTE RD  
SUITE 2605  
TAMPA, FL 33647 US

**Current Mailing Address:**

4980 WALKING STICK RD  
SUITE C  
ELLICOTT CITY, MD 21043 US

**New Mailing Address:**

**FEI Number:** 26-3810155      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DEFREITAS, WAYNE F ESQ.  
665 CARRINGTON LANE  
WESTON, FL 33326 US

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

DEFREITAS, WAYNE F ESQ.  
5100 BURCHETTE RD  
SUITE 2605  
TAMPA, FL 33647 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: WAYNE F. DEFREITAS, ESQ.

01/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DEFREITAS, WAYNE F ESQ.  
**Address:** 5100 BURCHETTE RD, STE. 2605  
**City-St-Zip:** TAMPA, FL 33647 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: WAYNE F. DEFREITAS, ESQ.

MGRM

01/16/2011

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