

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005990

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5100 BURCHETTE RD  
SUITE 2605  
TAMPA, FL 33647 US

**New Principal Place of Business:**

665 CARRINGTON LANE  
WESTON, FL 33326 US

**Current Mailing Address:**

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

**New Mailing Address:**

665 CARRINGTON LANE  
WESTON, FL 33326 US

**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.  
5100 BURCHETTE RD  
SUITE 2605  
TAMPA, FL 33647 US

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

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

04/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEFREITAS, WAYNE F ESQ.  
Address: 665 CARRINGTON LANE  
City-St-Zip: WESTON, FL 33326 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

MGRM

04/03/2012

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