

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000016547

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** SUZY WELCH, LLC

**Current Principal Place of Business:**

8000 HEALTH CENTER BLVD - STE 300  
ATTN: HOWARD M HUJSA, ESQ  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

11935 LOST TREE WAY  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

P O BOX 31629  
PALM BEACH GARDENS, FL 33420

**New Mailing Address:**

**FEI Number:** 27-1954287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLASP, INC.  
3001 TAMiami TRAIL NORTH  
STE 400  
NAPLES, FL 34103 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: WELCH, SUZY  
Address: P O BOX 31629  
City-St-Zip: PALM BEACH GARDENS, FL 33408

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: SUZY WELCH

MGR

03/03/2011

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