

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045995

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** CALDWELL BUTLER & ASSOCIATES, LLC

**Current Principal Place of Business:**

43 DOLPHIN DR  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

43 DOLPHIN DR  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

P.O. BOX 3273  
ST. AUGUSTINE, FL 32085

**FEI Number:** 57-2243026

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALDWELL, CHARLES A  
43 DOLPHIN DR  
ST. AUGUSTINE, FL 32080 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:** MGRM  
**Name:** CALDWELL, CHARLES A  
**Address:** 43 DOLPHIN DR  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** MGRM  
**Name:** BUTLER, GREGORY  
**Address:** 6903 SHORE VIEW DR  
**City-St-Zip:** MCKINNEY, TX 75070

**Title:** MGR  
**Name:** SHARP, KALI A  
**Address:** 4979 RIVERHILL RD  
**City-St-Zip:** MARIETTA, GA 30068

**Title:** MGR  
**Name:** CHACOS, MORGAN L  
**Address:** 2688 SAXONY CT W  
**City-St-Zip:** CLEARWATER, FL 33761

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:** CHARLES A. CALDWELL

MGRM

01/04/2012

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