

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050074

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA RETAIL SPECIALISTS, LLC

**Current Principal Place of Business:**

2345 W SAND LAKE RD  
STE 100  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

2345 W SAND LAKE RD  
STE 100  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 59-3550927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHARRON, ALAN C  
2345 W SAND LAKE RD  
ORLANDO, FL 32809 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:** CHARRON, ALAN C  
**Address:** 6700 CONROY RD - STE 230  
**City-St-Zip:** ORLANDO, FL 32835

**Title:** MGR  
**Name:** KAPLUS, ROBERT A  
**Address:** 6700 CONROY RD - STE 230  
**City-St-Zip:** ORLANDO, FL 32835

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:** ALAN C. CHARRON

MGR

03/30/2011

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