

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000086189

FILED  
Mar 01, 2011  
Secretary of State

**Entity Name:** CONTROLLED PREMONITION EVENTS LLC

**Current Principal Place of Business:**

1718 MAIN STREET  
SUITE 306  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

7733 PLANTATION CIRCLE  
BRADENTON, FL 34201 US

**Current Mailing Address:**

1718 MAIN STREET  
SUITE 306  
SARASOTA, FL 34236 US

**New Mailing Address:**

7733 PLANTATION CIRCLE  
BRADENTON, FL 34201 US

**FEI Number:** 27-3334118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETTINATO, BELINDA S  
7733 PLANTATION CIRCLE  
BRADENTON, FL 34201 US

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

WOOTEN, MATTHEW W  
7733 PLANTATION CIRCLE  
BRADENTON, FL 34201 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: MATTHEW W. WOOTEN

03/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOOTEN, MATTHEW W  
Address: 7733 PLANTATION CIRCLE  
City-St-Zip: BRADENTON, FL 34201 US

Title: MGRM  
Name: BAKER, JOSHUA M  
Address: 3336 RENNES CT.  
City-St-Zip: LAND O' LAKES, FL 34638 US

Title: MGRM  
Name: PETTINATO, BELINDA S  
Address: 7733 PLANTATION CIRCLE  
City-St-Zip: BRADENTON, FL 34201 US

Title: MGRM  
Name: BAKER, JESSICA J  
Address: 3336 RENNES CT.  
City-St-Zip: LAND O' LAKES, FL 34638 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: MATTHEW W. WOOTEN

MGRM

03/01/2011

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