

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104381

**FILED**  
**Jul 12, 2011**  
**Secretary of State**

**Entity Name:** FOCAL WEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

6220 S. ORANGE BLOSSOM TRL., STE 600  
ORLANDO, FL 32809

**New Principal Place of Business:**

6700 CONROY WINDERMERE RD.  
SUITE 205  
ORLANDO, FL 32835

**Current Mailing Address:**

6220 S. ORANGE BLOSSOM TRL., STE 600  
ORLANDO, FL 32809

**New Mailing Address:**

6700 CONROY WINDERMERE RD.  
SUITE 205  
ORLANDO, FL 32835

**FEI Number:** 27-3843296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LDL ACCOUNTANT & ASSOCIATES CPAS, LLC  
5425 S SEMORAN BLVD SUITE 7C  
ORLANDO, FL 32822 US

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

MARTINEZ, EDWIN  
6700 CONROY WINDERMERE RD.  
SUITE 205  
ORLANDO, FL 32835 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: EDWIN MARTINEZ

07/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARTINEZ, EDWIN  
Address: 6700 CONROY WINDERMERE RD., STE 205  
City-St-Zip: ORLANDO, FL 32835

Title: MGR  
Name: KARIM, MOHAMMED A  
Address: 6700 CONROY WINDERMERE RD., STE 205  
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: EDWIN MARTINEZ

MGR

07/12/2011

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