

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105407

Entity Name: CECILLE, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3111-20 MAHAN DRIVE, #176  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

1891-3 #176 CAPITAL CIR NE.  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3111-20 MAHAN DRIVE, #176  
TALLAHASSEE, FL 32308

**New Mailing Address:**

1891-3 #176 CAPITAL CIR NE.  
TALLAHASSEE, FL 32308

FEI Number: 36-4679035

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BIST, MICHAEL P  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 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: REISSENER, CECILLE  
Address: 1891-3 #176 CAPITAL CIR NE  
City-St-Zip: TALLAHASSEE, FL 32308

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: CECILLE REISSENER

MGRM

05/01/2012

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