

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109345

Entity Name: POLLFUSE FLORIDA, LLC

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6585 NICHOLAS BLVD APT 1604  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

6585 NICHOLAS BLVD APT 1604  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 27-3615599

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LORA, COLLEEN  
6585 NICHOLAS BLVD APT 1604  
NAPLES, FL 34108 US

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

CLARK, COLLEEN L  
6585 NICHOLAS BLVD APT 1604  
NAPLES, FL 34108 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: COLLEEN LORA CLARK

03/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRANT STREET CONSULTANTS, LLC  
Address: 49 SOUTH GRANT AVE  
City-St-Zip: COLUMBUS, OH 43215

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: NEIL S. CLARK

MM

03/07/2011

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