

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016909

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

**Entity Name:** WOMEN'S CONNECTION NETWORK, LLC

**Current Principal Place of Business:**

2901 ALBEMARLE STREET, #D-5  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 ALBEMARLE STREET, #D-5  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 90-0656309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HARTFIELD, PATRICIA  
2901 ALBEMARLE ST  
# D-5  
MELBOURNE, FL 32901 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: CEO  
Name: WOMEN'S CONNECTION NETWORK, LLC  
Address: 2901 ALBEMARLE STREET # D5  
City-St-Zip: MELBOURNE, FL 32901

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: PATRICIA HARTFIELD

CEO

05/01/2012

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