

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032096

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA ADVOCACY NETWORK LLC

**Current Principal Place of Business:**

15 TIMBER TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 714  
NEW SMYRNA BEACH, FL 32170

**New Mailing Address:**

**FEI Number:** 27-5064644      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KLUWE, VICTORIA  
15 TIMBER TRAIL  
ORMOND BEACH, FL 32174      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:** KLUWE, VICTORIA  
**Address:** 15 TIMBER TRAIL  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGRM  
**Name:** DENYS, DEBORAH  
**Address:** 2505 CONE LAKE DR  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32168

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: VICTORIA KLUWE

MGR

03/26/2012

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