

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000042657

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Entity Name:** CPR FOR ALL, L.L.C.

**Current Principal Place of Business:**

11510 HERON HILLS LANE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 261691  
TAMPA, FL 33685 US

**New Mailing Address:**

**FEI Number:** 45-1801181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAILEY, BABETTE E  
7915 W.POCAHONTAS AVE  
TAMPA, FL 33615 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:** SUPAN, JAN  
**Address:** 11510 HERON HILLS LANE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**Title:** MGRM  
**Name:** BAILEY, BABETTE E  
**Address:** 7915 W.POCAHONTAS AVE  
**City-St-Zip:** TAMPA, FL 33615 US

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:** BABETTE E BAILEY

MGRM

03/18/2012

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