

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000048835

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** LOCAL COMMUNITY BUSINESS WOMEN, LLC

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
# 2436  
FORT MYERS, FL 33919

**New Principal Place of Business:**

8695 COLLEGE PARKWAY  
# 7173  
FORT MYERS, FL 33919

**Current Mailing Address:**

8695 COLLEGE PARKWAY  
# 2436  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

NARGI, ARMANDO JR  
8695 COLLEGE PARKWAY  
# 2436  
FORT MYERS, FL 33919 US

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

NARGI, ARMANDO JR  
8695 COLLEGE PARKWAY  
# 7173  
FORT MYERS, FL 33919 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: A NARGI

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NARGI, ARMANDO JR  
Address: 8695 COLLEGE PARKWAY # 7173  
City-St-Zip: FORT MYERS, FL 33919

Title: DR  
Name: FELLABAUM, JAMES  
Address: 8695 COLLEGE PKWY # 7173  
City-St-Zip: FORT MYERS, FL 33919

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: A NARGI

MDIR

04/28/2012

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