

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057382

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** CIVIL ENDINGS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

15509 PEPPER PINE CT.  
LAND O LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3541  
HOLIDAY, FL 34692

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SALING, GARY  
15509 PEPPER PINE CT.  
LAND O LAKES, FL 34638 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: SALING, GARY  
Address: 15509 PEPPER PINE CT.  
City-St-Zip: LAND O LAKES, FL 34638

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: GARY SALING

MGRM

01/06/2012

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