

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059197

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** CUSTOM PROPERTY MANAGEMENT OF NWFL, LLC

**Current Principal Place of Business:**

2400 WEST NINE MILE RD  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

2400 WEST NINE MILE RD  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 45-2454149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GULLAHORN, JOHN D  
4111 CALICO DR  
CANTONMENT, FL 32533 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:** GULLAHORN, JOHN D  
**Address:** 4111 CALICO DRIVE  
**City-St-Zip:** CANTONMENT, FL 32533

**Title:** MGRM  
**Name:** GOOLSBY, VICTOR L  
**Address:** 2400 WEST NINE MILE RD  
**City-St-Zip:** PENSACOLA, FL 32534

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:** VICTOR L. GOOLSBY

MGRM

03/20/2012

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