

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000071094

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** C WILCOX REAL ESTATE LLC

**Current Principal Place of Business:**

4640 LIPSCOMB ST NE  
SUITE 2  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

4640 LIPSCOMB ST NE  
SUITE 2  
PALM BAY, FL 32905

**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:**

WILCOX, CAROL E  
4640 LIPSCOMB ST NE  
SUITE 2  
PALM BAY, FL 32905 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: WILCOX, CAROL E  
Address: 4640 LIPSCOMB ST NE SUITE 2  
City-St-Zip: PALM BAY, FL 32905

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: CAROL WILCOX

MGRM

04/24/2012

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