

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086409

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Entity Name:** THE GIVENS GROUP, LLC

**Current Principal Place of Business:**

2211 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

2211 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 45-2840370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GIVENS, PATRICIA A  
2211 NORTH TAMIAMI TRAIL  
NORTH FORT MYERS, FL 33903 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:** MGR  
**Name:** GIVENS, PATRICIA A  
**Address:** 2211 NORTH TAMIAMI TRAIL  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

**Title:** MGR  
**Name:** GIVENS, DALE T  
**Address:** 2211 NORTH TAMIAMI TRAIL  
**City-St-Zip:** NORTH FORT MYERS, FL 33903

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:** PATRICIA A GIVENS

MGRM

04/15/2012

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