

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000090102

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE PREPAREDNESS & CONTINUITY CONSULTANTS (CPCC), LLC

**Current Principal Place of Business:**

3717 FOUR OAKS BLVD  
TALLAHASSEE, FL 323113600

**New Principal Place of Business:**

**Current Mailing Address:**

3717 FOUR OAKS BLVD  
TALLAHASSEE, FL 323113600

**New Mailing Address:**

**FEI Number:** 45-2921387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JACOBS, MICHAEL J III  
3717 FOUR OAKS BLVD  
TALLAHASSEE, FL 323113600 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:** JACOBS, MIKE  
**Address:** 3717 FOUR OAKS BLVD  
**City-St-Zip:** TALLAHASSEE, FL 32311360 US

**Title:** MGR  
**Name:** JACOBS, MICHA  
**Address:** 3717 FOUR OAKS BLVD  
**City-St-Zip:** TALLAHASSEE, FL 32311360 US

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:** MICHAEL J. JACOBS

MGS

04/03/2012

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