

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103638

**FILED**  
**Mar 12, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA CNA LLC

**Current Principal Place of Business:**

11424 BENTRY ST  
ORLANDO, FL 32824

**New Principal Place of Business:**

7901 KINGSPONTE PARKWAY  
32  
ORLANDO, FL 32819

**Current Mailing Address:**

11424 BENTRY ST  
ORLANDO, FL 32824

**New Mailing Address:**

7901 KINGSPONTE PARKWAY  
32  
ORLANDO, FL 32819

**FEI Number:** 90-0594917

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOWE, SHARON M  
11424 BENTRY ST  
ORLANDO, FL 32824 US

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

LOWE, SHARON M  
7901 KINGSPONTE PARKWAY  
32  
ORLANDO, FL 32819 US

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: SHARON LOWE

03/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALLER, EILEEN C  
Address: 7901 KINGSPONTE PARKWAY #32  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM  
Name: LOWE, SHARON M  
Address: 7901 KINGSPONTE PARKWAY #32  
City-St-Zip: ORLANDO, FL 32819

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: SHARON LOWE

MGRM

03/12/2012

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