

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000352

FILED  
Jan 18, 2011  
Secretary of State

Entity Name: F.S.M. OF FORT MYERS, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

25435 LOBLOLLY BAY ROAD S.E.  
LABELLE, FL 33935

**New Principal Place of Business:**

4245 FOWLER STREET  
FORT MYERS, FL 33901

**Current Mailing Address:**

25435 LOBLOLLY BAY ROAD S.E.  
LABELLE, FL 33935

**New Mailing Address:**

4245 FOWLER STREET  
FORT MYERS, FL 33901

FEI Number: 65-0972586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FREEMAN, JEFFREY B  
25435 LOBLOLLY BAY ROAD S.E.  
LABELLE, FL 33935 US

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

FREEMAN, JEFFREY B  
4245 FOWLER STREET  
FORT MYERS, FL 33901 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: JEFFREY B FREEMAN

01/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: VP  
Name: FREEMAN, BRIAN  
Address: 4245 FOWLER STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR  
Name: FREEMAN, JEFFREY B  
Address: 1760 TOM COKER ROAD  
City-St-Zip: LABELLE, FL 33935

Title: MGR  
Name: FREEMAN, JEFFREY B  
Address: 1760 TOM COKER ROAD  
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Title: MGR  
Name: FREEMAN, JEFFREY B  
Address: 1760 TOM COKER ROAD  
City-St-Zip: LABELLE, FL 33935

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: BRIAN FREEMAN

VP

01/18/2011

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