

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005688**

1. Entity Name  
**CONTROL CENTER, L.L.C.**



Principal Place of Business

**300 SUNPORT LANE  
SUITE 100  
ORLANDO, FL 32809**

Mailing Address

**300 SUNPORT LANE  
SUITE 100  
ORLANDO, FL 32809**



03252008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3597018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**YERGEY, DAVID A JR.  
211 N. MAGNOLIA AVENUE  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	TURNER, MARCUS B
STREET ADDRESS	300 SUNPORT LANE, SUITE 100
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	THOMAS, MICHAEL
STREET ADDRESS	528 LAKE COVE POINTE CIRCLE
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	ZWOLINSKI, STEVE
STREET ADDRESS	300 SUNPORT LN SUITE 100
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGR
NAME	NORDGREN, MAGNUS
STREET ADDRESS	300 SUNPORT LN SUITE 100
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000397915  
04/25/08-80067-008 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**MICHAEL THOMAS 4/8/08 407-304-5200**

Date

Daytime Phone #