

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000000087

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** MANUFACTURERS CAPITAL, LLC

**Current Principal Place of Business:**

4250 ST. JOHNS PARKWAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27-3369  
BOCA RATON, FL 334273369

**New Mailing Address:**

**FEI Number:** 51-0379831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMILLEN, WILLIAM E  
22107 MARTELLA AVE.  
BOCA RATON, FL 33433 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:** MGRM  
**Name:** SHAPIRO, GARY L  
**Address:** 11101 S. CROWN WAY, SUITE 5  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGRM  
**Name:** MCMILLIAN, WILLIAM E  
**Address:** 22107 MARTELLA AVE  
**City-St-Zip:** BOCA RATON, FL 33433

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:** GARY L. SHAPIRO

MGRM

04/10/2012

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