

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001229

**FILED**  
**Jul 07, 2010**  
**Secretary of State**

**Entity Name:** CCIS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

8510 MCALPINE PARK DRIVE, SUITE 109  
CHARLOTTE, NC 28211

**New Principal Place of Business:**

8510 MCALPINE PARK DRIVE  
SUITE 109  
CHARLOTTE, NC 28211

**Current Mailing Address:**

8510 MCALPINE PARK DRIVE, SUITE 109  
CHARLOTTE, NC 28211

**New Mailing Address:**

8510 MCALPINE PARK DRIVE  
SUITE 109  
CHARLOTTE, NC 28211

**FEI Number:** 56-2250296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOLERY, EDWARD M  
2100 VAN BUREN ST, STE 102  
HOLLYWOOD, FL 33020 US

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

WOOLERY, EDWARD M  
2100 VAN BUREN ST  
SUITE 102  
HOLLYWOOD, FL 33020 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: \_\_\_\_\_

07/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOOLERY, JUDY P  
Address: 8510 MCALPINE PARK DRIVE, SUITE 109  
City-St-Zip: CHARLOTTE, NC 28211

Title: MGR  
Name: WOOLERY, EDWARD M  
Address: 8510 MCALPINE PARK DRIVE, SUITE 109  
City-St-Zip: CHARLOTTE, NC 28211

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: EDWARD M WOOLERY

MGR

07/07/2010

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