

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000771

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** CFS OF PENSACOLA, FL, L.L.C.

**Current Principal Place of Business:**

6219 NORTH PALAFOX STREET  
SUITE G  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

6219 NORTH PALAFOX STREET  
SUITE G  
PENSACOLA, FL 32503 US

**New Mailing Address:**

**FEI Number:** 36-4192363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** MGR  
**Name:** THROWER, JR, RALPH G JR  
**Address:** 10763 COUNTRY OSTRICH DR  
**City-St-Zip:** PENSACOLA, FL 32534

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: RALPH G THROWER JR

MGR

03/01/2011

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