

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031948

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: CANNONE FAMILY, LLC

**Current Principal Place of Business:**

4280 GALT OCEAN DRIVE  
PH C  
FORT LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

4280 GALT OCEAN DRIVE  
PH C  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

FEI Number: 26-0591790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RIVES, HOWARD P III  
C/O RIVES & RIVES, P.A.  
1265 S. MYRTLE AVENUE  
CLEARWATER, FL 337563470 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: CANNONE, MICHAEL  
Address: 4280 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM  
Name: CANNONE, MATILDA T  
Address: 4280 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM  
Name: OSTELLA, MARYANNE  
Address: 4280 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM  
Name: CANNONE-DIVINCENTIIS, AMY  
Address: 4280 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGRM  
Name: CANNONE, VITO  
Address: 4280 GALT OCEAN DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: MATILDA CANNONE

MGRM

01/07/2011

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