

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075329

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TERRENCE R. SICILIA, G. C., LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

14 PALM DRIVE  
ORMOND BY-THE-SEA, FL 32176

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BOX 265279  
DAYTONA BEACH, FL 32126

**New Mailing Address:**

**FEI Number:** 77-7070435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SICILIA, TERRENCE R  
14 PALM DRIVE  
ORMOND BY-THE-SEA, FL 32176 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:** SICILIA, TERRENCE R  
**Address:** 14 PALM DRIVE  
**City-St-Zip:** ORMOND BY-THE-SEA, FL 32176

**Title:** MGR  
**Name:** MARTINEZ, GRACIELLA  
**Address:** 533 NORTH NOVA ROAD--106  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** MGR  
**Name:** MAC KINNON, CURTIS B  
**Address:** 39 BRIGGS ROAD  
**City-St-Zip:** ORMOND BEACH, FL 32176

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:** TERRENCE R. SICILIA

MGRM

02/16/2011

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