

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011801

**Entity Name:** D'ORSA AND ASSOCIATES, LLC

**Current Principal Place of Business:**

PATRICIA E. D'ORSA  
3175 HOLIDAY SPRINGS BLVD. UNIT37  
MARGATE, FL 33063-5463

**Current Mailing Address:**

PATRICIA E. D'ORSA  
3175 HOLIDAY SPRINGS BLVD. UNIT37  
MARGATE, FL 33063-5463 US

**FEI Number:** 77-0719674

**Certificate of Status Desired:** Yes

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

D'ORSA, PATRICIA E  
3175 HOLIDAY SPRINGS BLVD. UNIT37  
MARGATE, FL 33063-5463 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name D'ORSA, PATRICIA E  
Address 8428 NORTHWEST 47 DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA E. D'ORSA

**MANAGER/PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date