

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116268

Entity Name: DR. NUNZIO, L.L.C.

Current Principal Place of Business:

8870 N. HIMES AVE
617
TAMPA, FL 33614

Current Mailing Address:

8870 N. HIMES AVE
617
TAMPA, FL 33614 US

FEI Number: 26-3925277

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAFLAMME, MARK R
8870 N. HIMES AVE.
617
TAMPA, FL 33618 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 CEO
Name LAFLAMME, MARK R
Address 8870 N. HIMES AVE., STE 617
City-State-Zip: TAMPA FL 33614

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: MARK R LAFLAMME

CEO/MANAGER

01/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date