

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075329

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC6264954802**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O BOX 265278  
DAYTONA BEACH, FL 32126

**FEI Number: 77-0707435**

**Certificate of Status Desired: No**

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

SICILIA, TERRENCE R  
14 PALM DRIVE  
ORMOND BY-THE-SEA, FL 32176 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 MGRM  
Name SICILIA, TERRENCE R  
Address 14 PALM DRIVE  
City-State-Zip: ORMOND BY-THE-SEA FL 32176

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

Title MGR  
Name BRYANT, ISAAC S  
Address 269 OLEANDER  
City-State-Zip: ORMOND BEACH FL 32174

*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: TERRENCE R. SICILIA**

**MGRM**

**02/05/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date