

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009239

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** ANTHONY FIORIO & ASSOCIATES, LLC

**Current Principal Place of Business:**

530 NE 2ND STREET  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

2650 NW 1ST AVENUE  
BOCA RATON, FL 33431

**Current Mailing Address:**

530 NE 2ND STREET  
DELRAY BEACH, FL 33483

**New Mailing Address:**

2650 NW 1ST AVENUE  
BOCA RATON, FL 33431

FEI Number: 65-1032696

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAX ADVICE  
1200 N.W. 17TH AVENUE  
SUITE 8  
DELRAY BEACH, FL 33445 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: FIORIO, ANTHONY  
Address: 2650 NW 1ST AVENUE  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM  
Name: FIORIO, KIMBERLEY  
Address: 2650 NW 1ST AVENUE  
City-St-Zip: BOCA RATON, FL 33431

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: ANTHONY FIORIO

MGRM

04/29/2011

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