

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012575

Entity Name: VILLA SAN MARCO, LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

2400 WEST THARPE ST  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

2400 WEST THARPE ST  
TALLAHASSEE, FL 32304 US

**Current Mailing Address:**

PO BOX 2535  
TALLAHASSEE, FL 32316

**New Mailing Address:**

FEI Number: 59-3680322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEONE, STEVEN M  
2020 WEST PENSACOLA ST.  
SUITE #27  
TALLAHASSEE, FL 32304 US

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

LEONI, STEVEN M  
2020 WEST PENSACOLA STREET  
SUITE #27  
TALLAHASSEE, FL 32304 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: STEVEN M. LEONI

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEONI, STEVEN  
Address: P.O. BOX 2535  
City-St-Zip: TALLAHASSEE, FL 323162535

Title: MGR (X) Delete  
Name: ROSEN, PETER S  
Address: PO BOX 2535  
City-St-Zip: TALLAHASSEE, FL 32316

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEONI, STEVEN M  
Address: P.O. BOX 2535  
City-St-Zip: TALLAHASSEE, FL 323162535

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVEN M. LEONI

MGRM

04/28/2009

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