

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015721

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** TESONE DEVELOPMENT LLC

**Current Principal Place of Business:**

26300 SOUTHERN PINES DRIVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

5316 WILLIAM FLYNN HWY STE 301  
GIBSONIA, PA 154449650

**New Mailing Address:**

P.O. BOX 630  
GIBSONIA, PA 15044

**FEI Number:** 59-3687236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TESONE, ANTHONY R  
26300 SOUTHERN PINES DRIVE  
BONITA SPRINGS, FL 34135 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:** PT  
**Name:** TESONE, ANTHONY R  
**Address:** 26300 SOUTHERN PINES DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

**Title:** VS  
**Name:** WEAVER, DOUGLAS  
**Address:** P.O. BOX 630  
**City-St-Zip:** GIBSONIA, PA 15044

**Title:** MGR  
**Name:** TESONE, ANTHONY R  
**Address:** 26300 SOUTHERN PINES DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34135

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 TESONE

P

04/26/2011

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