

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000571

**FILED**  
**Jan 10, 2004**  
**Secretary of State**

**Entity Name:** DICHACCHIO & DICHACCHIO, LLC

**Current Principal Place of Business:**

302 SW CARTER AVE  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

2349 SW MADRID ROAD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

302 SW CARTER AVE  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

2349 SW MADRID ROAD  
PORT ST LUCIE, FL 34953

**FEI Number:** 54-1935359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DICHACCHIO, TONI  
302 SW CARTER AVE  
PORT ST LUCIE, FL 34983

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

DICHACCHIO, TONI  
2349 SW MADRID ROAD  
PORT ST LUCIE, FL 34953

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: TONI DICHACCHIO

01/10/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DICHACCHIO, TONI A MGRM  
Address: 302 SW CARTER AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34983 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DICHACCHIO, TONI A MGRM  
Address: 2349 SW MADRID ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TONI DICHACCHIO

MGRM

01/10/2004

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