

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018002

Entity Name: CAVARRETTA, LLC

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

232 S. YONGE STREET  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

232 S. YONGE STREET  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 06-1640279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAVARRETTA, ROBERT D  
232 SOUTH YONGE STREET  
ORMOND BEACH, FL 32174 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: CAVARRETTA, ROBERT DALE  
Address: 232 SOUTH YONGE ST  
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT D CAVARRETTA

MGRM

03/22/2012

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