

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018066

Entity Name: KORMOCZI BRIGITTA, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

2625 SR 590, #611  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

LILLIAN AVE.  
1826  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 51-0466774      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BRIGITTA, KORMOCZI  
1826.LILLIAN AVENUE  
TARPON SPRINGS, FL 34689      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: MGR ( ) Delete  
Name: KORMOCZI, BRIGITTA  
Address: 2625. STATE RD. 590 #611  
City-St-Zip: CLEARWATER, FL 33759

**ADDITIONS/CHANGES:**

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: BRIGITTA KORMOCZI      MGR      04/30/2009

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