

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000038349**

1. Entity Name  
**REMORCA, LLC**



Principal Place of Business  
**722 EAST LAKE ROAD  
TARPON SPRINGS, FL 34689 US**

Mailing Address  
**722 EAST LAKE ROAD  
TARPON SPRINGS, FL 34689 US**



01142007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0708693**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REMORCA, SYLVESTER  
722 EAST LAKE ROAD  
TARPON SPRINGS, FL 34689**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Sylvester Remorca*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

**1-14-07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **REMORCA, SYLVESTER**  
STREET ADDRESS **722 EAST LAKE ROAD**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **T**  
NAME **REMORCA, CAROLINA**  
STREET ADDRESS **1594 GREENLEAFF COURT**  
CITY-ST-ZIP **TOMS RIVER, NJ 08753**

TITLE **S**  
NAME **TIOSECO, CRISTINA**  
STREET ADDRESS **2075 RAINBOW DRIVE**  
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/18/07-80060-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

*Sylvester Remorca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

**1-14-07**

Daytime Phone #

**(727) 934 4791**

**SYLVESTER REMORCA**