

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 035 \*\*\*\*50.00

**DOCUMENT # L03000048319**

1. Entity Name

ROBERT MACIOCE, LLC



Principal Place of Business

23 WARWICK AVENUE  
ORMOND BEACH FL 32174

Mailing Address

23 WARWICK AVENUE  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ormond Beach Fla.

City & State

Zip

32174

Country

Volusia

Zip

32174

Country

U.S.A.

4. FEI Number

176467716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACIOCE, ROBERT  
23 WARWICK AVENUE  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME

Manager

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

Robert L. Macioce  
23 Warwick Ave.  
Ormond Beach, FL 32174

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME

☐ Change

☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change

☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change

☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

☐ Change

☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:**

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

Robert L. Macioce

Robert L. Macioce  
23 Warwick Ave.  
Ormond Beach, FL 32174

Date

Daytime Phone #

24080506



MOORE

CR2E083 (4/04)

386 693 5049

Aug 17/04