

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051694

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ALTAA LLC

**Current Principal Place of Business:**

12550 LEATHERLEAF DRIVE  
TAMPA, FL 33626

**New Principal Place of Business:**

1371 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683

**Current Mailing Address:**

12550 LEATHERLEAF DRIVE  
TAMPA, FL 33626

**New Mailing Address:**

1371 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683

**FEI Number:** 20-0473253

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARAVANOS, ANTHONY  
12550 LEATHERLEAF DRIVE  
TAMPA, FL 33626 US

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

SARAVANOS, ANTHONY  
1371 PLAYMOOR DRIVE  
PALM HARBOR, FL 34683 US

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: \_\_\_\_\_

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SARAVANOS, ANTONIOS  
Address: 350 HARBOR PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM  
Name: SARAVANOS, ANTHONY  
Address: 1371 PLAYMOOR DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM  
Name: ZIATAS, ARIS  
Address: 6246 SILVER OAKS DRIVE  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: MGRM  
Name: KULL, LAWRENCE R  
Address: 10816 CHURCHILL PLACE  
City-St-Zip: TUSTIN, CA 92782

Title: MGRM  
Name: KARIKAS, THEODORE  
Address: 382 ANDREWS RD  
City-St-Zip: EAST WILLISTON, NY 11596

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: ANTHONY SARAVANOS

MGRM

04/30/2011

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