

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000036589

**FILED**  
**Feb 06, 2010**  
**Secretary of State**

**Entity Name:** LETELIER, LLC

**Current Principal Place of Business:**

100 NE 10TH STREET  
POMPANO BEACH, FL 33060 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 SW NORTH MEADE CIRCLE  
PORT SAINT LUCIE, FL 34953 US

**New Mailing Address:**

**FEI Number:** 20-1121224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, YOLANDA  
129 SW NORTH MEADE CIRCLE  
PORT SAINT LUCIE, FL 34953 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:** PEREZ, EDUARDO E  
**Address:** 129 SW NORTH MEADE CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** MGRM  
**Name:** PEREZ, YOLANDA  
**Address:** 129 SW NORTH MEADE CIRCLE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** MGR  
**Name:** RIVERA DECICCO, JOANN  
**Address:** 325 NW CURRY STREET  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

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:** YOLANDA PEREZ

MGRM

02/06/2010

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