

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062281

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** OLD TOWN RESTORATION, LLC

**Current Principal Place of Business:**

3840 31ST AVENUE SW  
NAPLES, FL 34117

**New Principal Place of Business:**

3840 31ST AVENUE SW  
NAPLES, FL 34117 US

**Current Mailing Address:**

3840 31ST AVENUE SW  
NAPLES, FL 34117

**New Mailing Address:**

3840 31ST AVENUE SW  
NAPLES, FL 34117 US

**FEI Number:** 41-2150124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIOFRIDA, PHILIP J MANAGER  
3840 31ST AVENUE SW  
NAPLES, FL 34117 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  
Name: GIOFRIDA, PHILIP J  
Address: 3840 31ST AVENUE SW  
City-St-Zip: NAPLES, FL 34117 US

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: PHILIP J. GIOFRIDA

MGR

02/17/2011

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