

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083511

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** CIMAGLIA HOLDINGS NUMBER NINE, LLC

**Current Principal Place of Business:**

413 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

413 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 32-0144029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CIMAGLIA, SR., THOMAS P  
413 EAST ATLANTIC BLVD  
POMPANO BEACH, FL 33060 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:** CIMAGLIA, SR., THOMAS P  
**Address:** 413 EAST ATLANTIC BLVD  
**City-St-Zip:** POMPANO BEACH, FL 33060

**Title:** MGRM  
**Name:** CIMAGLIA, SANDRA J  
**Address:** 413 EAST ATLANTIC BLVD  
**City-St-Zip:** POMPANO BEACH, FL 33060

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:** SANDRA CIMAGLIA

MGRM

02/16/2012

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