

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001715

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** KISSIMMEE HOME REAL ESTATE LLC

**Current Principal Place of Business:**

451 SOUTHEAST NOME DRIVE  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

451 SOUTHEAST NOME DRIVE  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 58-0888895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORO, MARIA  
4515 SOUTHEAST NOME DRIVE  
PORT SAINT LUCIE, FL 34984 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:** TORO, JOHN  
**Address:** 451 SOUTHEAST NOME DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** MGR  
**Name:** TORO, MARIA  
**Address:** 451 SOUTHEAST NOME DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** S  
**Name:** TORO, JOHAN  
**Address:** 451 SOUTHEAST NOME DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** S  
**Name:** TORO, FERNANDO  
**Address:** 451 SOUTHEAST NOME DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

**Title:** T  
**Name:** TORO, ANGEL  
**Address:** 451 SOUTHEAST NOME DRIVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

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:** MARIA TORO

MGR

03/09/2011

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