

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000017584

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** CARELLA AND ASSOCIATES, LLC

**Current Principal Place of Business:**

5500 DR MARTIN LUTHER KING STREET NORTH  
ST. PETERSBURG, FL 33703 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 531482  
ST. PETERSBURG, FL 33747 US

**New Mailing Address:**

**FEI Number:** 20-2366117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARELLA, JOSEPH D PSY.D.  
1843 MOUND PLACE SOUTH  
ST. PETERSBURG, FL 33712 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: CARELLA, JOSEPH D PSY.D.  
Address: 1843 MOUND PLACE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 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: JOSPH D CARELLA PSY.D.

MGRM

02/16/2011

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