

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022518

FILED  
Mar 23, 2009  
Secretary of State

**Entity Name:** ESTEVEZ FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

203 WEST FRIERSON AVENUE  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

1092 ALAMEDA DRIVE  
TALLAHASSEE, FL 32317

**New Mailing Address:**

**FEI Number:** 20-2480569

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARD, SAMUEL J  
207 WEST PARK AVENUE, SUITE B  
TALLAHASSEE, FL 32301 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 ( ) Delete  
Name: ESTEVEZ, ROBERT A  
Address: 1092 ALAMEDA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM ( ) Delete  
Name: ESTEVEZ, JEFFREY W  
Address: 203 WEST FRIERSON AVENUE  
City-St-Zip: TAMPA, FL 33603

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** ROBERT A. ESTEVEZ

MGRM

03/23/2009

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