

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000023208

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** POLLIZZI & FORENSKY ASSOCIATES, LLC

**Current Principal Place of Business:**

4054 BEAVER LANE STE 7  
CHARLOTTE HARBOR, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 510897  
PUNTA GORDA, FL 33951

**New Mailing Address:**

**FEI Number:** 20-4704386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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: PD  
Name: POLLIZZI, ANTHONY  
Address: P.O. BOX 510897  
City-St-Zip: PUNTA GORDA, FL 33951

Title: VPST  
Name: FORENSK, JAMES  
Address: P.O. BOX 510997  
City-St-Zip: PUNTA GORDA, FL 33951

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: ANTHONY POLLIZZI

PD

04/25/2011

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