

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077244

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ASPEN RITZ, LLC

**Current Principal Place of Business:**

3524 TURENNE WAY  
WELLINGTON, FL 33467 US

**New Principal Place of Business:**

3524 TURENNE WAY  
WELLINGTON, FL 33449 US

**Current Mailing Address:**

3524 TURENNE WAY  
WELLINGTON, FL 33467 US

**New Mailing Address:**

3524 TURENNE WAY  
WELLINGTON, FL 33449 US

**FEI Number:** 20-3407813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDREACCI, DANIEL J  
3524 TURENNE WAY  
WELLINGTON, FL 33449 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:** ANDREACCI, DANIEL  
**Address:** 3524 TURENNE WAY  
**City-St-Zip:** WELLINGTON, FL 33449

**Title:** MGR  
**Name:** FALCONE, ART  
**Address:** 1951 NORTHWEST 19TH STREET SUITE 200  
**City-St-Zip:** BOCA RATON, FL 33431

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:** DANIEL J ANDREACCI

MGR

04/19/2011

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