

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098874

Entity Name: CIARAVELLA FAMILY LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6522 GUNN HIGHWAY  
TAMPA, FL 336254022

**New Principal Place of Business:**

**Current Mailing Address:**

6522 GUNN HIGHWAY  
TAMPA, FL 336254022

**New Mailing Address:**

FEI Number: 20-3813755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLINT, SARA K  
6522 GUNN HIGHWAY  
TAMPA, FL 336254022 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: SUAREZ, JACK  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336254022

Title: MGR  
Name: SUAREZ, ROBERT  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336254022

Title: MGR  
Name: KOCH, DONNA S  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336254022

Title: MGR  
Name: WALTERS, BEVERLY S  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336254022

Title: MGR  
Name: HAMBLEY, PATRICIA  
Address: 6522 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 336254022

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: JACK D SUAREZ

MGRM

04/28/2011

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