

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014258

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** PRIVATE ASSET MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

14311 METROPOLIS AVE.  
SUITE 205  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14311 METROPOLIS AVE.  
SUITE 205  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 20-4270305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICOLOSI, CARL  
14928 BONAIRE CIR.  
FORT MYERS, FL 33908 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:** NICOLOSI, JOHN  
**Address:** 9670 LAS CASAS DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** MGR  
**Name:** NICOLOSI, CARL  
**Address:** 14928 BONAIRE CIRCLE  
**City-St-Zip:** FORT MYERS, FL 33908

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:** CARL F NICOLOSI

MGR

02/06/2012

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