

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000025354

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** RUSSO FAMILY TRADITION, LLC

**Current Principal Place of Business:**

10440 SW VILLAGE CENTER DRIVE  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

1678 HARBOR ISLES CIRCLE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 61-1505816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUSSO, ROBERT P  
1678 SW HARBOUR ISLES CIRCLE  
PORT ST. LUCIE, FL 34986 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:** MM  
**Name:** RUSSO, CHRISTOPHER S  
**Address:** 11719 SW AVENTINO DR  
**City-St-Zip:** PORT ST. LUCIE, FL 34987 US

**Title:** MGR  
**Name:** RUSSO, ROBERT P  
**Address:** 1678 SW HARBOUR ISLES CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986 US

**Title:** MGR  
**Name:** GOOGE, HOWARD E  
**Address:** 401 E. OSCEOLA ST.  
**City-St-Zip:** STUART, FL 34994 US

**Title:** MGRM  
**Name:** RUSSO, THERESA M  
**Address:** 1678 S.W. HARBOUR ISLES CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** TMRUSSO

MGRM

04/29/2012

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