

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036427

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ARCOLITO, LLC

**Current Principal Place of Business:**

919 ORANGE AVE. SUITE 100  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

919 ORANGE AVE. SUITE 100  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 20-8514232

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENLEY, STEPHANIE  
919 ORANGE AVE. SUITE 100  
WINTER PARK, FL 32789 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:** MGRM  
**Name:** HENLEY, STEPHANIE  
**Address:** 919 ORANGE AVE. SUITE 100  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGRM  
**Name:** BEASLEY, TROY  
**Address:** 919 ORANGE AVE. SUITE 100  
**City-St-Zip:** WINTER PARK, FL 32789

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:** STEPHANIE HENLEY

MGRM

02/16/2010

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