

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036710

Entity Name: CAZIO, LLC

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

4100 N POWERLINE ROAD  
SUITE S-4  
POMPANO BEACH, FL 33073 US

## New Principal Place of Business:

## Current Mailing Address:

4100 N POWERLINE ROAD  
SUITE S-4  
POMPANO BEACH, FL 33073 US

## New Mailing Address:

FEI Number: 20-5092627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CASINELLI, TOSCA M  
4381 NW 1 TER  
DEERFIELD BEACH, FL 33442 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: PRES ( ) Delete  
Name: CASINELLI, TOSCA  
Address: 4381 NW 1 TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: VP ( ) Delete  
Name: FAZIO, STEPHANIE  
Address: 4381 N.W.1 TERR  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP ( ) Delete  
Name: FARBES, SIDNEY K  
Address: 6140 TERRA ROSA CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Delete  
Name: KELLEHER, JOHN J  
Address: 7209 CATALINA ISLA DR.  
City-St-Zip: LAKE WORTH, FL 33467

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TOSCA CASINELLI

PRES

03/20/2009

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