

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075926

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CARILLO FAMILY ENTERPRISES, LLC

**Current Principal Place of Business:**

351 NORTH DONNELLY ST  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

351 NORTH DONNELLY ST  
MOUNT DORA, FL 32757

**New Mailing Address:**

**FEI Number:** 20-5303981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARILLO, BEATRICE  
33607 LAKE SHORE DRIVE  
TAVARES, FL 32778 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:** CARILLO, JOSEPH  
**Address:** 33607 LAKE SHORE DRIVE  
**City-St-Zip:** TAVARES, FL 32778

**Title:** MGRM  
**Name:** CARILLO, BEATRICE  
**Address:** 33607 LAKE SHORE DRIVE  
**City-St-Zip:** TAVARES, FL 32778

**Title:** F  
**Name:** ORTIZ, MARY SUE  
**Address:** 351 NORTH DONNELLY ST  
**City-St-Zip:** MOUNT DORA, FL 32757

**Title:** F  
**Name:** SABATINI, FILOMENA  
**Address:** 1217 OVERLOOK ROAD  
**City-St-Zip:** EUSTIS, FL 32726

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:** JOSPEH CARILLO

MGRM

01/19/2012

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