

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096711

Entity Name: CICCONES, LLC

FILED  
Jan 25, 2009  
Secretary of State

**Current Principal Place of Business:**

6667 NW 1ST COURT  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

6667 NW 1ST COURT  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 20-5678296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CICCONI, MATTHEW  
6667 NW 1ST COURT  
MARGATE, FL 33063 US

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

CICCONI, WILLIAM  
6667 NW 1ST COURT  
MARGATE, FL 33063 US

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: WILLIAM CICCONI

01/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CICCONI, WILLIAM C  
Address: 2240 MEADOW RIDGE LANE  
City-St-Zip: VA BEACH, VA 23456

Title: MGRM (X) Delete  
Name: CICCONI, MATTHEW J  
Address: 6667 NW 1ST COURT  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES:**

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: WILLIAM CICCONI

MGRM

01/25/2009

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