

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020535

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FORTUNATO TILE & WOOD, LLC.

**Current Principal Place of Business:**

1510 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

5570 BILLINGS ST  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

1510 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990

**New Mailing Address:**

3940 METRO PKWY  
STE 110  
FORT MYERS, FL 33916

**FEI Number:** 20-8501981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FORTUNATO-SOUZA, DEBORA  
1510 COUNTRY CLUB BLVD  
CAPE CORAL, FL 33990 US

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

TRANSAMERICA ACCOUNTING & SERVICES, INC.  
3940 METRO PKWY  
STE 110  
FORT MYERS, FL 33916 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:** DEBORA FORTUNATO-SOUZA

04/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** FORTUNATO-SOUZA, DEBORA  
**Address:** 3940 METRO PKWY STE 110  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** MGRM  
**Name:** FORTUNATO, DANIEL S JR  
**Address:** 3940 METRO PKWY STE 110  
**City-St-Zip:** FORT MYERS, FL 33916

**Title:** MGRM  
**Name:** DE SOUZA, ALEXANDRE L  
**Address:** 3940 METRO PKWY STE 110  
**City-St-Zip:** FORT MYERS, FL 33916

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:** DEBORA FORTUNATO-SOUZA

MGR

04/21/2011

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