

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038815

Entity Name: RN MAZZOCHI, LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

125 BUTTONWOOD CIRCLE  
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

125 BUTTONWOOD CIRCLE  
BOYNTON BEACH, FL 33436

**New Mailing Address:**

FEI Number: 20-8818981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERKS, CHRISTY S  
50 SE FOURTH AVENUE  
DELRAY BEACH, FL 33483 US

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

LEE, JOSEPH M  
6801 LAKE WORTH ROAD  
SUITE 127  
LAKE WORTH, FL 33467 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: JOSEPH M LEE

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LIUZZO-MAZZOCCHI, RAFAELA R TRUSTEE  
Address: 125 BUTTONWOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR ( ) Delete  
Name: MAZZOCCHI, NUNZIA TRUSTEE  
Address: 125 BUTTONWOOD CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33436

**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: RAFFAELA LIUZZO-MAZZOCCHI

MGR

04/30/2009

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