

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041642

Entity Name: DEMIL, LLC

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**New Mailing Address:**

FEI Number: 51-0631810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEMAIO, CHRISTOPHER  
11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987 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: MILORDI, FRANK  
Address: 4261 CAREY WOOD DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM  
Name: DEMAIO, CHRISTOPHER  
Address: 11233 SW SPRINGTREE TERRACE  
City-St-Zip: PORT ST LUCIE, FL 34987

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: CHRISTOPHER DEMAIO

MGRM

03/01/2010

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