

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080710

FILED  
Apr 12, 2011  
Secretary of State

Entity Name: CHRISTE' TU' LLC

## Current Principal Place of Business:

5085 MEDORAS AVE  
ST. AUGUSTINE, FL 32084

## New Principal Place of Business:

5085 MEDORAS AVE  
ST. AUGUSTINE, FL 32080 UN

## Current Mailing Address:

5085 MEDORAS AVE  
ST. AUGUSTINE, FL 32084

## New Mailing Address:

5085 MEDORAS AVE  
ST. AUGUSTINE, FL 32080 UN

FEI Number: 74-3225826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAFISO, SUSAN  
5085 MEDORAS AVE.  
ST. AUGUSTINE, FL 32080 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: MGR  
Name: CAFISO, SUSAN  
Address: 5085 MEDORAS AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080 UN

Title: MGR  
Name: CAFISO, MATT  
Address: 5085 MEDORAS AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32080 UN

Title: MGR  
Name: CAFISO, SUSAN  
Address: 5085 MEDORAS AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 UN

Title: MGR  
Name: CAFISO, SUSAN  
Address: 5085 MEDORAS AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 UN

Title: MGR  
Name: CAFISO, SUSAN  
Address: 5085 MEDORAS AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 UN

Title: MGR  
Name: CAFISO, SUSAN  
Address: 5085 MEDORAS AVE  
City-St-Zip: SAINT AUGUSTINE, FL 32080 UN

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: SUSAN S CAFISO

MGR

04/12/2011

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