

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002127

**Entity Name:** NICHOLAS T. CALICCHIO, L.L.C.

**FILED**  
**Feb 01, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1836 SW 49TH LANE  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1836 SW 49TH LANE  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 41-2268577      **FEI Number Applied For** (  )      **FEI Number Not Applicable** (  )      **Certificate of Status Desired** (  )

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

CALICCHIO, MARY C  
1836 SW 49TH LANE  
CAPE CORAL, FL 33914 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 (  ) Delete  
Name: CALICCHIO, NICHOLAS T  
Address: 1836 SW 49TH LANE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

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: NICHOLAS T.CALICCHIO

MR..

02/01/2009

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