

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000011132

**Entity Name:** ALFIERI AND ASSOCIATES, LLC

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5143 NW 42 TERRACE  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5143 NW 42 TERRACE  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 26-1884091

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALFIERI, PAUL R  
5143 NW 42 TERRACE  
COCONUT CREEK, FL 33073 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: MNGR  
Name: ALFIERI, PAUL R  
Address: 5143 NW 42 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

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: PAUL R. ALFIERI

MNGR

01/29/2010

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