

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025208

Entity Name: LICAVOLI, LLC

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

**Current Principal Place of Business:**

10232 ORCHID RIDGE LANE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10232 ORCHID RIDGE LANE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 26-2598149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE, SUITE 350  
FORT MYERS, FL 33907 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: LICAVOLI, SAMUEL  
Address: 10232 ORCHID RIDGE LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: SAMUEL LICAVOLI

MGR

02/01/2010

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