

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025544

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** BOCATO ENTERPRISES, LLC.

**Current Principal Place of Business:**

6704 DUNCASTER ST  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

13300 JERVEY STREET  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

6704 DUNCASTER ST  
WINDERMERE, FL 34786 US

**New Mailing Address:**

13300 JERVEY STREET  
WINDERMERE, FL 34786 US

**FEI Number:** 26-2156924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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 (X) Delete  
Name: BEARS, TERRI  
Address: 6704 DUNCASTER ST  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM ( ) Delete  
Name: BOCATO, JOAO LEONARDO  
Address: 13300 JERVEY ST  
City-St-Zip: WINDERMERE, FL 34786 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** JOAO LEONARDO BOCATO

MGRM

01/16/2009

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