

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000110699

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** THE SABBOTA FAMILY, LLC

**Current Principal Place of Business:**

10650 W. STATE RD. 84  
104  
DAVIE, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

10650 W. STATE RD. 84  
104  
DAVIE, FL 33324 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

COLEMAN, WILLIAM T  
200 EAST LAS OLAS BLVD.  
19TH FLOOR  
FORT LAUDERDALE, FL 33301 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: DR.  
Name: SABBOTA, MARK  
Address: 1201 NW 115 AVENUE  
City-St-Zip: PLANTATION, FL 33323 US

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: MARK SABBOTA

DR.

04/28/2012

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