

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116268

Entity Name: DR. NUNZIO, L.L.C.

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8870 N. HIMES AVE  
617  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

8870 N. HIMES AVE  
617  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 26-3925277

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAFLAMME, MARK R  
8870 N. HIMES AVE.  
617  
TAMPA, FL 33618 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: CEO  
Name: LAFLAMME, MARK R  
Address: 8870 N. HIMES AVE., STE 617  
City-St-Zip: TAMPA, FL 33614 US

Title: CFO  
Name: LAFLAMME, FAINA  
Address: 8870 N. HIMES AVE., STE 617  
City-St-Zip: TAMPA, FL 33614 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 R LAFLAMME

CEO

04/08/2012

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