

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006048

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF BRIAN FIORE, PLLC

**Current Principal Place of Business:**

1036 FOGGY BROOK PL  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1036 FOGGY BROOK PL  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIORE, BRIAN  
1036 FOGGY BROOK PL  
LONGWOOD, FL 32750 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: FIORE, BRIAN  
Address: 1036 FOGGY BROOK PL  
City-St-Zip: LONGWOOD, FL 32750

Title: PSTD  
Name: FIORE, BRIAN  
Address: 1036 FOGGY BROOK PL  
City-St-Zip: LONGWOOD, FL 32750

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: BRIAN FIORE

MGR

03/09/2012

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