

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071499

Entity Name: STATIC, LLC

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

180 WATERMAN STREET  
NORTH PROVIDENCE, RI 02911 US

**New Principal Place of Business:**

**Current Mailing Address:**

180 WATERMAN STREET  
UNIT 233  
NORTH PROVIDENCE, RI 02911 US

**New Mailing Address:**

180 WATERMAN STREET  
NORTH PROVIDENCE, RI 02911 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

TORTORELLA, MICHAEL V  
9700 MOSS ROSE WAY  
ORLANDO, FL 32832 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: TORTORELLA, MATTHEW P  
Address: 180 WATERMAN AVENUE  
City-St-Zip: NORTH PROVIDENCE, RI 02911 US

Title: MGRM  
Name: TORTORELLA, MICHAEL V  
Address: 9700 MOSS ROSE WAY  
City-St-Zip: ORLANDO, FL 32832 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: MICHAEL V TORTORELLA

MGRM

05/01/2011

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