

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088052

**FILED**  
**Sep 10, 2010**  
**Secretary of State**

**Entity Name:** JOSIE CARDELLI & ASSOCIATES LLC

**Current Principal Place of Business:**

6919 BROWARD BLVD  
SUITE 154  
PLANTATION, FL 33317 BR

**New Principal Place of Business:**

**Current Mailing Address:**

6919 BROWARD BLVD  
SUITE 154  
PLANTATION, FL 33317 BR

**New Mailing Address:**

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

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

CARDELLI, JOSANA  
6919 BROWARD BLVD  
SUITE 154  
PLANTATION, FL 33317 BR 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  
Name: CARDELLI, JOSANA  
Address: 6919 BROWARD BLVD  
City-St-Zip: PLANTATION, FL 33317 BR

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: JOSIE CARDELLI

MR

09/10/2010

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