

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000090833

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA CERTIFIED MEDIATORS, L.L.C.

**Current Principal Place of Business:**

4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146

**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:**

CASO CASERTA, MARIA R  
4539 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33146 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: CASERTA, DAVID T  
Address: 12121 NE 16TH AVE.  
City-St-Zip: NORTH MIAMI, FL 33161

Title: MGRM  
Name: RENIERE DIAZ DE LA PORTILLA P.A.  
Address: 4440 N.W. 107TH AVE. #205  
City-St-Zip: MIAMI, FL 33178

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: DAVID T CASERTA

MGRM

04/28/2010

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