

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096128

Entity Name: JULY AND COMPANY, LLC

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

431 TIMBERCREEK DR N  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

431 TIMBERCREEK DR N  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 27-1065801      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BUCHWALD, MARLA  
431 TIMBERCREEK DR N  
WINTER GARDEN, FL, FL 34787      US

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

BUCHWALD, MARLA  
431 TIMBERCREEK DR N  
WINTER GARDEN, FL 34787      US

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

05/07/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BUCHWALD, MARLA  
Address: 431 TIMBERCREEK DR N  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM  
Name: COLLI, MARIO  
Address: 431 TIMBERCREEK DR N  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM  
Name: COLLI, DANTE  
Address: 431 TIMBERCREEK DR N  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM  
Name: COLLI, SILVANO  
Address: 431 TIMBERCREEK DR N  
City-St-Zip: WINTER GARDEN, FL 34787

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: MARLA BUCHWALD

MGR

05/07/2010

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