

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000096594

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** CARNES AND LIQUORI LLC

**Current Principal Place of Business:**

2719 NW 24TH WAY  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

2915 NW 58TH BLVD  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2719 NW 24TH WAY  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:** 30-0584678      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CARNES, JIMMY  
2719 NW 24TH WAY  
GAINESVILLE, FL 32605      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:** CARNES, JIMMY  
**Address:** 2719 NW 24TH WAY  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** MGR  
**Name:** LIQUORI, MARTIN  
**Address:** 2915 NW 58TH BLVD  
**City-St-Zip:** GAINESVILLE, FL 32606

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:** JIMMY CARNES

MGRM

04/15/2010

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