

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000010324

Entity Name: FTD REALTY TRUST, LLC

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1535 A STREET  
W BABYLON, NY 11704 US

**New Principal Place of Business:**

**Current Mailing Address:**

1535 A STREET  
W BABYLON, NY 11704 US

**New Mailing Address:**

8158 WINDING OAK LA  
SPRING HILL, FL 34606 US

FEI Number: 27-1741955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PARVIN, JOHN  
705 MERES BLVD #2  
TARPON SPRINGS, FL 34689 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: STERLACCI, FRANK T  
Address: 1535 A STREET  
City-St-Zip: BABYLON, NY 11704 US

Title: GP  
Name: STERLACCI, THOMAS B  
Address: 564 WEST SAGEBRUSH COURT  
City-St-Zip: LOUISVILLE, CO 80027 US

Title: GP  
Name: STERLACCI, DENNIS J  
Address: 101 SNEECH POND RD  
City-St-Zip: CUMBERLAND, RI 02864 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: FRANK T STERLACCI

MGR.

03/14/2012

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