

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034581

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** STEPHEN M. APICELLA, LLC

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY, STE 420  
SUNRISE, FL 33323

**New Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY,  
STE 420  
SUNRISE, FL 33323

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY, STE 420  
SUNRISE, FL 33323

**New Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY,  
STE 420  
SUNRISE, FL 33323

**FEI Number:** 27-2321367

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PAOLI, ALAN J ESQUIRE  
1720 HARRISON STREET, SUITE 6 C-W  
HOLLYWOOD, FL 330206839 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:** MGMR  
**Name:** APICELLA, STEPHEN M  
**Address:** 9590 NW 17TH STREET  
**City-St-Zip:** PLANTATION, FL 33322

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:** STEPHEN M APICELLA

MGMR

02/16/2011

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