

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000043151

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** ST AUGUSTINE ENTERPRISES, LLC

**Current Principal Place of Business:**

1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32090

**New Principal Place of Business:**

1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32090

**New Mailing Address:**

1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32092

**FEI Number:** 80-0585752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CASILLAS, DOMINGO JR  
1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32090 US

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

CASILLAS, DOMINGO JR  
1552 TIMBER TRACE DRIVE  
ST AUGUSTINE, FL 32092 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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CASILLAS, DOMINGO JR  
Address: 1552 TIMBER TRACE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGR  
Name: CASILLAS, JONI  
Address: 1552 TIMBER TRACE DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32092

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: DOMINGO CASILLAS, JR.

MGRM

02/16/2011

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