

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100091

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** POLICASTRO & SALOMONE LLC

**Current Principal Place of Business:**

8039 LAGOON RD.  
FT MYERS BEACH, FL 33931 US

**New Principal Place of Business:**

**Current Mailing Address:**

504 NORTH DR  
TRACYS LANDING, MD 20779 US

**New Mailing Address:**

**FEI Number:** 27-3552811      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

POLICASTRO, GORDON  
8039 LAGOON RD.  
FT MYERS BEACH, FL 33931 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:** VP/S  
**Name:** SALOMONE, PATRICIA L  
**Address:** 504 NORTH DR  
**City-St-Zip:** TRACYS LANDING, MD 33931 US

**Title:** PRES  
**Name:** POLICASTRO, GORDON  
**Address:** 8039 LAGOON RD.  
**City-St-Zip:** FT MYERS BEACH, FL 33931 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:** PATRICIA L SALOMONE

VP/S

02/06/2012

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