

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000100800

**FILED**  
**Aug 01, 2011**  
**Secretary of State**

**Entity Name:** RONCETTI, LLC.,

**Current Principal Place of Business:**

407 WINDSOR STATES DR  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

**Current Mailing Address:**

407 WINDSOR STATES DR  
DAVENPORT, FL 33837 US

**New Mailing Address:**

**FEI Number:** 27-3553433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON ACCOUNTING & CONSULTING SERVICE LLC  
8810 COMMODITY CIRCLE SUITE 17  
ORLANDO, FL 32819 US

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

LARSON ACCOUNTING & CONSULTING SERVICE LLC  
8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 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:** CAROLINE LARSON

08/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RONCETTI, AGOSTINHO  
**Address:** RUA DR DORIO SILVA 9  
**City-St-Zip:** VITORIA, ES 29066 BR

**Title:** MGRM  
**Name:** RONCETTI, SAMUEL V  
**Address:** AV ANTONIO GIL VELOSO 2262 APT 1001  
**City-St-Zip:** VILA VELHA, ES 29101 BR

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:** SAMUEL V RONCETTI

MGRM

08/01/2011

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