

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100800

**FILED**  
**Apr 02, 2012**  
**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  
8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 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:** 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 RONCETTI

MGRM

04/02/2012

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