

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122782

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANCORA CATERING RESTORANTE LLC

**Current Principal Place of Business:**

1627 SWEETGUM  
TERRACE  
WESTON, FL 33327 40

**New Principal Place of Business:**

**Current Mailing Address:**

1627 SWEETGUM  
TERRACE  
WESTON, FL 33327 40

**New Mailing Address:**

**FEI Number:** 27-4152478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURLI, WALTER SR  
1627 SWEETGUM  
TERRACE  
WESTON, FL 33327 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:** MGR  
**Name:** TURLI, WALTER SR  
**Address:** 1627 SWEETGUM TERRACE  
**City-St-Zip:** WESTON, FL 3332723 40

**Title:** MGR  
**Name:** TURLI, WALTER  
**Address:** 1627 SWEETGUM TERRACE  
**City-St-Zip:** WESTON, FL 33327 40

**Title:** MGR  
**Name:** TURLI, WALTER  
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**Title:** MGR  
**Name:** TURLI, WALTER  
**Address:** 1627 SWEETGUM TERRACE  
**City-St-Zip:** WESTON, FL 33327 40

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:** WALTER TURLI

SR

04/30/2012

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