

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000005694

Entity Name: ITALIA OF SW FL LLC

**FILED**  
**May 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

3045 FOWLER ST  
FT MYERS, FL 33901

**Current Mailing Address:**

709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

3045 FOWLER ST  
FT MYERS, FL 33901

FEI Number: 27-4540653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWAN, LAWRENCE  
709 CAPE CORAL PKWY WEST  
CAPE CORAL, FL 33914 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: SALVATORE, LUCIANO  
Address: 1605 SW 22ND LANE  
City-St-Zip: CAPE CORAL, FL 33991

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: LUCIANO SALVATORE

MGRM

05/09/2012

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