

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000101320

Entity Name: 4 DE 2, LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4708 WALDEN CIRCLE  
UNIT 1824  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191 STREET  
PH8  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FLORIDIAN TITLE GROUP INC  
2999 NE 191 STREET  
PH8  
AVENTURA, FL 33180 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: DE DOMINICIS, EDUARDO C  
Address: 4708 WALDEN CIRCLE, UNIT 1824  
City-St-Zip: ORLANDO, FL 32811 US

Title: MGRM  
Name: FORGIONE, MONICA G  
Address: 4708 WALDEN CIRCLE, UNIT 1824  
City-St-Zip: ORLANDO, FL 32811 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: EDUARDO DE DOMINICIS MGRM 02/27/2012

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