

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000109140

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

**Entity Name:** PISCES CONNECTIONS, LLC

**Current Principal Place of Business:**

89240 OVERSEAS HWY  
#6  
TAVERNIER, FL 33070 UN

**New Principal Place of Business:**

88005 O/S HWY.  
#10-251  
ISLAMORADA, FL 33036 US

**Current Mailing Address:**

P.O. BOX 1419  
ISLAMORADA, FL 33036

**New Mailing Address:**

88005 O/S HWY.  
#10-251  
ISLAMORADA, FL 33036 US

**FEI Number:** 45-3644887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAAD, RANDALL E  
89240 OVERSEAS HWY  
#6  
TAVERNIER, FL 33070-214 US

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

GUASTAVINO, JOHN W  
124 LOWE ST.  
TAVERNIER, FL 33070 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: JOHN W. GUASTAVINO

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GUASTAVINO, JOHN  
Address: 124 LOWE ST.  
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM  
Name: GUASTAVINO, HELENA R  
Address: 643 BRIDGEWAY BLVD  
City-St-Zip: ORLANDO, FL 32828

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: JOHN W. GUASTAVINO

MGRM

04/30/2012

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