

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000112076

Entity Name: ATEFORTE, LLC

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2347 WOODLAWN CIRCLE WEST  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

2347 WOODLAWN CIRCLE WEST  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

P.O. BOX 7303  
ST. PETERSBURG, FL 33734

FEI Number: 45-3528311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FORTE, ANTHONY  
2347 WOODLAWN CIRCLE WEST  
ST. PETERSBURG, FL 33704 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: FORTE, ANTHONY  
Address: 2347 WOODLAWN CIRCLE WEST  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM  
Name: FORTE, MICHELE  
Address: 2347 WOODLAWN CIRCLE WEST  
City-St-Zip: ST. PETERSBURG, FL 33704

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: ANTHONY E FORTE

MGRM

01/12/2012

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