

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000123387

Entity Name: DIGRAZIA'S LLC

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

**Current Principal Place of Business:**

APT 11203-9096 CHULA VISTA STREET  
NAPLES, FL 34113 US

**New Principal Place of Business:**

2500 TAMIAMI NORTH  
SUITE 114  
NAPLES, FL 34113 US

**Current Mailing Address:**

2500 TAMIAMI TRAIL NORTH  
114  
NAPLES, FL 34103 US

**New Mailing Address:**

2500 TAMIAMI NORTH  
SUITE 114  
NAPLES, FL 34113 US

FEI Number: 45-3708505

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAILLARD, ASTRID  
2500 TAMIAMI TRAIL NORTH  
114  
NAPLES, FL 34103 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: ASTRID, MAILLARD  
Address: APT 11203-9096 CHULA VISTA ST  
City-St-Zip: NAPLES, FL 34113 US

Title: MRG  
Name: PHILL, DIGRAZIA  
Address: 6846 ASCOT DR UNIT 101  
City-St-Zip: NAPLES, FL 34113 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: ASTRID MAILLARD

MGR

06/12/2012

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