

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041642

**Entity Name:** DEMIL, LLC

**Current Principal Place of Business:**

11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987

**FEI Number:** 51-0631810

**Certificate of Status Desired:** No

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

DEMAIO, CHRISTOPHER  
11233 SW SPRINGTREE TERRACE  
PORT ST LUCIE, FL 34987 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MILORDI, FRANK  
Address 4261 CAREY WOOD DRIVE  
City-State-Zip: MELBOURNE FL 32934

Title MGRM  
Name DEMAIO, CHRISTOPHER  
Address 11233 SW SPRINGTREE TERRACE  
City-State-Zip: PORT ST LUCIE FL 34987

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER DEMAIO

MGRM

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date