

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059430

**Entity Name:** A. TILELLI, LLC

**Current Principal Place of Business:**

3474 RAMBLER AVE  
SAINT CLOUD, FL 34772

**Current Mailing Address:**

P.O. BOX 161441  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 35-2299838

**Certificate of Status Desired:** No

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

TILELLI, ANTHONY  
3474 RAMBLER AVE  
SAINT CLOUD, FL 34772 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 MGR  
Name TILELLI, ANTHONY  
Address 3474 RAMBLER AVE  
City-State-Zip: SAINT CLOUD FL 34772

Title MGRM  
Name TILELLI, ANGELA  
Address 3474 RAMBLER AVE  
City-State-Zip: SAINT CLOUD FL 34772

Title MGRM  
Name TILELLI, KRISTYN  
Address 3474 RAMBLER AVE  
City-State-Zip: SAINT CLOUD FL 34772

Title MGRM  
Name TILELLI, LAURA  
Address 3474 RAMBLER AVE  
City-State-Zip: SAINT CLOUD FL 34772

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY TILELLI

**MANAGER**

**04/07/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date