

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057618

**Entity Name:** ROBERT R TOLFA LLC

**Current Principal Place of Business:**

1850 EVARD CT  
DELTONA, FL 32738

**Current Mailing Address:**

1850 EVARD CT  
DELTONA, FL 32738 US

**FEI Number:** 45-2378781

**Certificate of Status Desired:** No

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

TOLFA, ROBERT R  
1850 EVARD CT  
DELTONA, FL 32738 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	Title	MGRM
Name	TOLFA, ROBERT R	Name	TOLFA, JACQUELINE
Address	1850 EVARD CT	Address	1850 EVARD CT
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738

*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:** ROBERT R. TOLFA

MGR

02/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date