

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007389

FILED  
Aug 14, 2009  
Secretary of State

Entity Name: MENNA-PINELLAS, LLC

**Current Principal Place of Business:**

36464 US 19 NORTH  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1297  
TARPON SPRINGS, FL 346881297 US

**New Mailing Address:**

FEI Number: 59-3721260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRATESI, EMIL G ESQ.  
1253 PARK STREET  
CLEARWATER, FL 33756 US

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

MENNA, MARIO  
36464 US 19 N  
PALM HARBOR, FL 34684 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: MARIO MENNA

08/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MENNA, MARIO  
Address: P.O. BOX 1297  
City-St-Zip: TARPON SPRINGS, FL 346881297

Title: MGRM ( ) Delete  
Name: MENNA, JOHN  
Address: P.O. BOX 1297  
City-St-Zip: TARPON SPRINGS, FL 346881297

Title: MGRM ( ) Delete  
Name: MENNA, AUGUSTINE  
Address: P.O. BOX 1297  
City-St-Zip: TARPON SPRINGS, FL 346881297

Title: MGRM ( ) Delete  
Name: MENNA, MARC  
Address: P.O. BOX 1297  
City-St-Zip: TARPON SPRINGS, FL 346881297

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIO MENNA

MGRM

08/14/2009

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