

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007389

Entity Name: MENNA-PINELLAS, LLC

FILED  
Apr 27, 2010  
Secretary of State

**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:**

MENNA, MARIO  
36464 US 19 N  
PALM HARBOR, FL 34684 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: MGRM  
Name: MENNA, MARIO  
Address: P.O. BOX 1297  
City-St-Zip: TARPON SPRINGS, FL 346881297

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

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

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

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: MARIO MENNA

MGRM

04/27/2010

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