

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001958

**FILED**  
**Jan 21, 2008**  
**Secretary of State**

**Entity Name:** FIORENTINO & HEWETT, LLC

**Current Principal Place of Business:**

50 N. LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

31 W. ADAMS STREET  
SUITE 204  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

50 N. LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202

**New Mailing Address:**

31 W. ADAMS STREET  
SUITE 204  
JACKSONVILLE, FL 32202

FEI Number: 20-5225605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
50 NORTH LAURA ST., STE. 2750  
JACKSONVILLE, FL 32202 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: P ( ) Delete  
Name: FIORENTINO, T.M.  
Address: 50 N LAURA ST STE 2750  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: FIORENTINO, T.M.  
Address: 31 W. ADAMS STREET, SUITE 204  
City-St-Zip: JACKSONVILLE, FL 32202

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: T.M. FIORENTINO

P

01/21/2008

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