

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L03000048015**

1. Entity Name

**DARRELL RIZZUTO CONSTRUCTION, LLC**

Principal Place of Business

**434-B LYNDELL LANE  
PANAMA CITY BEACH FL 32407  
US**

Mailing Address

**149 TREASURE PALM DRIVE  
PANAMA CITY BEACH FL 32408  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

**73-1686746**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIZZUTO, DARRELL R  
434-B LYNDELL LANE  
PANAMA CITY BEACH FL 32407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR**  Delete  
NAME: **RIZZUTO, DARRELL R**  
STREET ADDRESS: **434-B LYNDELL LANE**  
CITY-ST-ZIP: **PANAMA CITY BEACH FL 32407**

Change  Addition  
U00000611394  
02/02/07-80060-009 50.00

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

Change  Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Darrell Rizzo*

**1-23-07 850-258-6101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #