2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 18 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000002737

1. Entity Name
SORRENTINO 2826, LLC

Principal Place of Business	Mailing Address
2826 TAMIAMI TRAIL, STE. 2 PORT CHARLOTTE, FL 33952	% DAVID A. HOLMES, FARR, FARR, EMERICH 99 NESBIT ST. PUNTA GORDA, FL 33952

02232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	90 DAVID A HOLMES Suite, Apt. #, etc. 99 NESBIT ST
City & State	City & State PUNTA GORDA FL
Zip / Country	Zip 33950 / Country

4. FEI Number 59-1737813 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLMES, DAVID A FARR, FARR, EMERICH, HACKETT AND CARR, P.A 99 NESBIT ST. PUNTA GORDA, FL 33950	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 _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JOSEPH SORRENTINO 2826 TAMIAMI TRAIL STE 2 PORT CHARLOTTE, FL 33952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / 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 Chapter 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.

X
SIGNATURE: Joseph Sorrentino 941-629-4850
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #