

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082235

Entity Name: MENNA PASCO, LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11115 US HWY 19 N  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1297  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

FEI Number: 20-3622603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MENNA, MARIO  
11115 US HWY 19 N  
PORT RICHEY, FL 34668 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: 1507 ESSEX CT  
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM  
Name: MENNA, JOHN  
Address: 2879 DEER HOUND WAY  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM  
Name: MENNA, MARC  
Address: 2896 CHANCERY LN.  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM  
Name: MENNA, AUGUSTINO  
Address: 2958 KENILWICK DR  
City-St-Zip: CLEARWATER, FL 33761

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

04/24/2012

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