

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007389

**Entity Name:** MENNA-PINELLAS, LLC

**Current Principal Place of Business:**

38724 US HWY 19 N  
SUITE 294  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

P.O. BOX 1297  
TARPON SPRINGS, FL 34688-1297 US

**FEI Number:** 59-3721260

**Certificate of Status Desired:** Yes

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

MENNA, MARIO  
11115US HWY 19 N  
PORT RICHEY, FL 34668 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name MENNA, MARIO  
Address P.O. BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688-1297

Title MGRM  
Name MENNA, JOHN  
Address P.O. BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688-1297

Title MGRM  
Name MENNA, AUGUSTINE  
Address P.O. BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688-1297

Title MGRM  
Name MENNA, MARC  
Address P.O. BOX 1297  
City-State-Zip: TARPON SPRINGS FL 34688-1297

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO MENNA

MGRM

04/20/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date