


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000008119	
1. Entity Name MAROZZI & ASSOCIATES, L.C.	

Principal Place of Business 1879 S. PATRICK DR. SATELLITE BEACH FL 32937	Mailing Address 1879 S. PATRICK DR. SATELLITE BEACH FL 32937
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 30-0075949		Applied For
		Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAROZZI, VIVIAN C 1684 VISTA LAKE CIRCLE MELBOURNE FL 32904	
7. Name and Address of New Registered Agent	
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 *MARZZI Vivian C* DATE *04/03/08*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when registering)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State		U000000920271 05/14/08-80037-011 138.75
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAROZZI, ANSELMO 1879 S PATRICK DR INDIAN HARBOR BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anselmo Marozzi* *04/03/08* *(321) 7931600*

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