

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90300 044 ****50.00

DOCUMENT # L01000001697

1. Entity Name
CERILLO FAMILY, L.L.C.



Principal Place of Business
**9336 WELLINGTON PARK CIRCLE
TAMPA, FL 33647**

Mailing Address
**9336 WELLINGTON PARK CIRCLE
TAMPA, FL 33647**

24028157



DO NOT WRITE IN THIS SPACE

03152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional...
Fee Required

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
TAMPA, FL 33756**

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
-NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CERILLO, LOUIS P
9336 WELLINGTON PARK CIRCLE
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

3/17/04
Date

813-971-1688
Daytime Phone #