


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000001779 1. Entity Name CAVUOTO ENTERPRISES, LLC	
---	---

Principal Place of Business 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119	Mailing Address 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
--	--

DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1071778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent WOLLMAN, EDWARD E 5129 CASTELLO DR. #1 NAPLES, FL 34103

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVUOTO, DOMINICK 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVUOTO, RITA MARIE 4888 POND APPLE DRIVE NORTH NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000833728

03/06/08-80019-021 138.75

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.

SIGNATURE: *Rita M. Cavuoto* *MGRM Rita M. Cavuoto* *2/19/08* *2395921946*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE *MGRM* Date Daytime Phone #