8/19/2002-90152-006-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007389

1. Entity Name

MENNA-PINELLAS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 20 PM 6:00

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
38724 U.S. 19 N. STE. 100 TARPON SPRINGS FL 34689	38724 U.S. 19 N. STE. 100 TARPON SPRINGS FL 34689

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-372 1260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRATESI, EMIL G ESQ.
1253 PARK STREET
CLEARWATER FL 33756

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 _____ DATE

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	OWNER
NAME	MARIO MENNA ☐ Delete
STREET ADDRESS	38724 U.S 19 North
CITY-ST-ZIP	TARPON SPRINGS, FLA 34689.
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	MP 11/20/02
CITY-ST-ZIP	
TITLE	☑ Delete
NAME	# already
STREET ADDRESS	on record
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Managing Member ☑ Change ☐ Addition
NAME	Mario Menna
STREET ADDRESS	38724 US 19 N Tarpon Springs 34689
CITY-ST-ZIP	
TITLE	Managing Member ☐ Change ☑ Addition
NAME	John Menna
STREET ADDRESS	38724 US 19 N Tarpon Springs FL
CITY-ST-ZIP	
TITLE	Managing Member ☐ Change ☑ Addition
NAME	Augustine (Gus) Menna
STREET ADDRESS	38724 US 19 N Tarpon Springs FL
CITY-ST-ZIP	
TITLE	Managing Member ☐ Change ☑ Addition
NAME	Marc Menna
STREET ADDRESS	38724 US 19 N Tarpon Springs FL
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E083 (4/02)

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 RECEIVED

Mario Menna — 8/13/02 — 727 938 8814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

11/8/02