

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000907389

1. Entity Name
MENNA-PINELLAS, LLC



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

Mailing Address
**38724 U.S. 19 N.
STE. 100
TARPON SPRINGS, FL 34689**



02102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3721260

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**

**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 _____

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
**MGRM
MENNA, MARIO
38724 US 19 N.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MENNA, JOHN
38724 US 19 N.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MENNA, AUGUSTINE
38724 US 19 N.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MENNA, MARC
38724 US 19 N.
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000103981
04/05/04-80077-023 50.00

**DO NOT WRITE
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)(b), 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 60B, Florida Statutes.

SIGNATURE: _____

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

MARC MENNA - 727-938-8814

Date **4/1/04** Daytime Phone # _____