

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011685					
1. Entity Name JULIA F. PIZZO FAMILY L.L.C.					
Principal Place of Business 4936 ST. CROIX DR. TAMPA FL 33629			Mailing Address 4936 ST. CROIX DR. TAMPA FL 33629		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3733605	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GARDNER, MERRITT A 401 EAST JACKSON ST., STE. 2650 TAMPA FL 33602			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 Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOM, EDWARD L	NAME			
STREET ADDRESS	4936 ST CROIX DRIVE	STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33629	CITY - ST - ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOM, BEVERLY	NAME			
STREET ADDRESS	4836 ST CROIX DRIVE	STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33629	CITY - ST - ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIZZO, JOLIE F	NAME			
STREET ADDRESS	455 MARMORA AVE	STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33606	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Edward L Flom</i>		Date: <i>5/26/05</i>		Daytime Phone #: <i>813.286.2861</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/04)

4. FEI Number **59-3733605**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	P <input type="checkbox"/> Delete
NAME	FLOM, EDWARD L
STREET ADDRESS	4936 ST CROIX DRIVE
CITY - ST - ZIP	TAMPA FL 33629
TITLE	P <input type="checkbox"/> Delete
NAME	FLOM, BEVERLY
STREET ADDRESS	4836 ST CROIX DRIVE
CITY - ST - ZIP	TAMPA FL 33629
TITLE	P <input type="checkbox"/> Delete
NAME	PIZZO, JOLIE F
STREET ADDRESS	455 MARMORA AVE
CITY - ST - ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000368478
05/31/05-80002-023 50.00

SIGNATURE: *Edward L Flom* Date: *5/26/05* Daytime Phone #: *813.286.2861*