

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011685

FILED
Jan 21, 2009
Secretary of State

Entity Name: JULIA F. PIZZO FAMILY L.L.C.

Current Principal Place of Business:

4936 ST. CROIX DR.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4936 ST. CROIX DR.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3733605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARDNER, MERRITT A
401 EAST JACKSON ST., STE. 2650
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FLOM, EDWARD L
Address: 4936 ST CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: FLOM, BEVERLY
Address: 4836 ST CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: PIZZO, JOLIE F
Address: 455 MARMORA AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FLOM, BEVERLY
Address: 4936 ST CROIX DRIVE
City-St-Zip: TAMPA, FL 33629

Title: P (X) Change () Addition
Name: PIZZO, JULIE F
Address: 455 MARMORA AVE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD LEONARD FLOM

P

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date