

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90052 045 ****50.00

DOCUMENT # L01000017725

1. Entity Name

DENNIS MARTINO & ASSOCIATES, LLC



Principal Place of Business

362 SCOTLAND STREET
DUNEDIN FL 34698

Mailing Address

362 SCOTLAND STREET
DUNEDIN FL 34698



2. Principal Place of Business

3165 MC MULLEN BOOTH RD

3. Mailing Address

3165 MC MULLEN BOOTH RD

1st MOORE

CR2E083 (10/05)

Suite, Apt. #, etc.

D-1

Suite, Apt. #, etc.

D-1

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-3752308

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

33761

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINO, DENNIS
362 SCOTLAND STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

DENNIS MARTINO

Street Address (P.O. Box Number is Not Acceptable)

3165 MC MULLEN BOOTH RD, D-1

City

CLEARWATER

FL

Zip Code

33761

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

DENNIS MARTINO

3-15-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE D ☐ Delete
NAME MARTINO, DENNIS
STREET ADDRESS 362 SCOTLAND STREET
CITY-ST-ZIP DUNEDIN FL 34698

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3165 MC MULLEN BOOTH RD, D-1
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

3-15-06 727-738-6101