

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000019623

1. Entity Name  
PETROCELLI ENTERPRISES, L.L.C.



Principal Place of Business  
61 S PEAK  
LAGUNA NIGUEL, CA 92677

Mailing Address  
61 S PEAK  
LAGUNA NIGUEL, CA 92677



02262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1159062	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, D. GLEN  
901 N POINTE PKWY STE 200  
WEST PALM BEACH, FL 33407

**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 \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U00000914877  
05/08/08-80075-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETROCELLI, PHILIP V 61 S PEAK LAGUNA NIGUEL, CA 92677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETROCELLI, EMILIE O 61 S PEAK LAGUNA NIGUEL, CA 92677
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #