

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-02-2004 90142 017 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L01000022638																																																																																																											
1. Entity Name D'AGOSTINO AND ASSOCIATES, LLC.																																																																																																											
Principal Place of Business 330 SOUTH PINEAPPLE AVENUE SUITE 201 SARASOTA F, 34236 US			Mailing Address 330 SOUTH PINEAPPLE AVENUE SUITE 201 SARASOTA F, 34236 US																																																																																																								
2. Principal Place of Business			3. Mailing Address																																																																																																								
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip	Country	Zip	Country	4. FEI Number AP-PLIED FOR																																																																																																							
				Applied For Not Applicable																																																																																																							
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																																																																																							
6. Name and Address of Current Registered Agent D'AGOSTINO, KENNETH 2500 COLONY TERRACE SARASOTA FL 34239				7. Name and Address of New Registered Agent D'Agostino, Kenneth 1834 Morris Street Sarasota, FL 34239																																																																																																							
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 fee if applicable. (NOTE: Registered Agent signature required when returning)																																																																																																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																																																											
<table border="1"><thead><tr><th colspan="3">8. MANAGING MEMBERS/MANAGERS</th><th colspan="3">9. ADDITIONS/CHANGES</th></tr></thead><tbody><tr><td>TITLE</td><td>MGR</td><td>☐ Delete</td><td>TITLE</td><td>MGR</td><td>☒ Change ☐ Addition</td></tr><tr><td>NAME</td><td>D'AGOSTINO, KENNETH</td><td></td><td>NAME</td><td>D'Agostino, Kenneth</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2500 COLONY TERRACE</td><td></td><td>STREET ADDRESS</td><td>1834 Morris Street</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL 34239</td><td></td><td>CITY-ST-ZIP</td><td>Sarasota, FL 34239</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ Delete</td><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>						8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES			TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition	NAME	D'AGOSTINO, KENNETH		NAME	D'Agostino, Kenneth		STREET ADDRESS	2500 COLONY TERRACE		STREET ADDRESS	1834 Morris Street		CITY-ST-ZIP	SARASOTA FL 34239		CITY-ST-ZIP	Sarasota, FL 34239		TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Kenneth D'Agostino</u> <u>2-23-04</u> <u>941-954-4222</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																											