

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000001899**

**1. Entity Name**  
**SIRAGUSA, LLC**



**Principal Place of Business**  
**447 3RD AVENUE NORTH**  
**SUITE 308**  
**SAINT PETERSBURG, FL 33701**

**Mailing Address**  
**447 3RD AVENUE NORTH**  
**SUITE 308**  
**SAINT PETERSBURG, FL 33701**



02112004No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**01-0602983**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**SIRAGUSA, PAUL**  
**920 38TH AVE. N.E.**  
**ST. PETERSBURG, FL 33704**

**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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

1000000100842  
04/01/04-80023-019 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**SIRAGUSA, PAUL**  
**447 3RD AVE N, #308**  
**SAINT PETERSBURG, FL 33701**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**SIRAGUSA, ELIZABETH**  
**447 3RD AVE N, #308**  
**SAINT PETERSBURG, FL 33701**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**EARLE, JODI**  
**447 3RD AVE N, #308**  
**SAINT PETERSBURG, FL 33701**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 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:**

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

**3/30/04** **(227) 894-2922**  
Date Daytime Phone #