

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000013288

1. Entity Name
PETRO-AUGUSTINE, LLC



Principal Place of Business

335 CENTER AVENUE
MAMARONECK, NY 10543

Mailing Address

335 CENTER AVENUE
MAMARONECK, NY 10543



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1958129

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSTAMANTE, NESTOR III
FERENCIK LIBANOFF BRANDT AND BUSTAMANTE PA
150 SOUTH PINE ISLAND ROAD STE. 400
FORT LAUDERDALE, FL 33324

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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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	PETRILLO, FELIX J
STREET ADDRESS	335 CENTER AVE
CITY-ST-ZIP	MAMARONECK, NY 10543
TITLE	MGRM
NAME	PETRILLO, MICHAEL V
STREET ADDRESS	335 CENTER AVE
CITY-ST-ZIP	MAMARONECK, NY 10543
TITLE	D
NAME	PETRILLO, FELIX M JR
STREET ADDRESS	335 CENTER AVE
CITY-ST-ZIP	MAMARONECK, NY 10543
TITLE	D
NAME	PETRILLO-CORCORAN, MARIA E
STREET ADDRESS	335 CENTER AVE
CITY-ST-ZIP	MAMARONECK, NY 10543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000229351
02/14/05-80072-020 50.00

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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: Michael V. Petrillo

Managing Member

2/10/05

(914) 777-8292

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

Date

Daytime Phone #