

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 005 \*\*\*\*55.00

**DOCUMENT # L02000020291**

1. Entity Name  
**MAIN DECK IMPORTS, LLC**



Principal Place of Business  
**977 WINDWARD WAY  
WESTON, FL 33327**

Mailing Address  
**PO BOX 267626  
WESTON, FL 33326**

00000110

2. Principal Place of Business  
**19153 CRYSTAL ST.**

3. Mailing Address  
**P.O. BOX 267626**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192005 Chg-LLC CR2E083 (10/03)

City & State  
**WESTON, FL**

City & State  
**WESTON, FL**

4. FEI Number  
**04-3707832**

Applied For  
Not Applicable

Zip  
**33332**

Country

Zip  
**33326**

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name **ANA LAURA KENNY RAINUZZO**

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

**19153 CRYSTAL ST.**

City **WESTON**

**FL**

Zip Code  
**33332**

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.

**ANA LAURA KENNY RAINUZZO**

**01-19-05**

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAINUZZO, FABIO MARCO  
977 WINDWARD WAY  
WESTON, FL 33327** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAINUZZO, ANN LAURA KENN  
977 WINDWARD WAY  
WESTON, FL 33327** ☐ Delete

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

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

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

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

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
RAINUZZO, FABIO MARCO  
19153 CRYSTAL ST.  
WESTON, FL 33332** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
KENNY RAINUZZO, ANA LAURA  
19153 CRYSTAL ST.  
WESTON, FL 33332** ☒ Change ☐ Addition

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

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

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

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

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

*Fabio Rainuzzo*

**FABIO M. RAINUZZO, Member LLC, 01-19-05**