## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Feb 02, 2007 08:00 AM DOCUMENT # L02000029420 1. Entity Name **Secretary of State** C.L.E.M. HOSPITALITY, LLC Principal Place of Business Mailing Address 21338 US 19 N. CLEARWATER FL 33765 21338 US 19 N. CLEARWATER FL 33765 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 30-0127195 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENNA, A Street Address (P.O. Box Number is Not Acceptable) 2958 KÉNILWICK DR NORTH CLEARWATER FL 33761 Zip Code 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 ... am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Change Addition mil Р TITLE Delete NAMI. CASTELLI, DAVID A U00000618599 02/08/07-80037-006 50.00 STREET ADDRESS STREET ADDRESS 2489 FRISCO DR. CITY SI-ZIP CLEARWATER FL 33761 CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME CASTELLI, ELISA STREET ADDRESS 2489 FRSCO DR. STRUCT ADDRESS CITY-S1-ZIP CITY - ST - 7IP CLEARWATER FL 33761 TITLE Delete THEE: Change \_\_\_ Addition NAME NAME MENNA, AGOSTINO STREET ADDRESS STREET ADDRESS 2957 KENILWICK DR N. CITY - ST - ZIP CITY-SI-ZIP CLEARWATER FL 33761 TITLE Delete THE Change Addition NAME MENNA, MARIAN STREET ADDRESS STREET ADDRESS 2958 KENIWICK DR N CHY-ST-ZIP CJTY-ST-ZIP CLEARWATER FL 33761 Change Addilion ☐ Delete THE THUE EGERTER, AMY NAME NAME STREET ADDRESS 3425 LAKE SHORE DR N. STREET ADDRESS CITY - ST- ZIP CLEARWATER FL 33761 CDY-S1-7E ☐ Delete Addition LEGNINI, GUISEPPE NAME STREET ADDRESS 21338 US 19 N. STREET ADDRESS CHY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-7IP

11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 logal effect as if made under eath; 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-30-07 737-799-1565

Date Daytime Phone •