

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030154

Entity Name: CAMPBELL & VIRGILIO, LC

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 33-1030127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAYMOND P. VIRGILIO, CPA, PA
7211 HIAWATHA PARKWAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACQUELYN R. CAMPBELL, CPA, PA
Address: 7211 HIAWATHA PARKWAY
City-St-Zip: SPRING HILL, FL 34606 US

Title: MGR () Delete
Name: RAYMOND P. VIRGILIO, CPA, PA
Address: 7211 HIAWATHA PARKWAY
City-St-Zip: SPRING HILL, FL 34606 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JACQUELYN R. CAMPBELL, CPA, PA
Address: 7211 HIAWATHA PARKWAY
City-St-Zip: SPRING HILL, FL 34606 US

Title: MGRM (X) Change () Addition
Name: RAYMOND P. VIRGILIO, CPA, PA
Address: 7211 HIAWATHA PARKWAY
City-St-Zip: SPRING HILL, FL 34606 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACQUELYN R CAMPBELL

MGRM

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date