

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000035201

1. Entity Name
SCAGLIONE PROPERTIES, LLC



Principal Place of Business
218 EAST BEARS AVE SUITE 409
TAMPA, FL 33613

Mailing Address
218 EAST BEARS AVE SUITE 409
TAMPA, FL 33613



02142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4240200

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, RONALD E
218 EAST BEARSS AVE # 409
TAMPA, FL 33613

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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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BASIL N. SCAGLIONE LIVING TRUST
218 EAST BEARSS AVE # 409
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCAGLIONE, RONALD E
218 EAST BEARSS AVE # 409
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000833946
02/28/08-80003-026 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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.