

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90277 044 ****50.00

DOCUMENT # L03000014263

1. Entity Name
MT. VERNON, LLC



Principal Place of Business
13777 BELCHER RD. SOUTH
LARGO, FL 33771

Mailing Address
13777 BELCHER RD. SOUTH
LARGO, FL 33771

20028257



02142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-0682595

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMBARDI, RITA A
13777 BELCHER RD. SOUTH
LARGO, FL 33771

Name
PIAZZA, JOHN J.
Street Address (P.O. Box Number is Not Acceptable)
13777 BELCHER ROAD S.
City
LARGO FL Zip Code
33771

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]

JOHN J. PIAZZA

3/28/2005

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P ☐ Delete
NAME PIAZZA JOHN, J. SR.
STREET ADDRESS 13777 BELCHER RD S
CITY-ST-ZIP LARGO, FL 33771

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

TITLE VP ☐ Delete
NAME PIAZZA, ROSEMARY
STREET ADDRESS 13777 BELCHER RD. ST
CITY-ST-ZIP LARGO, FL 33771

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

TITLE VPT ☐ Delete
NAME LENTINI, VINCENT J
STREET ADDRESS 13777 BELCHER RD ST.
CITY-ST-ZIP LARGO, FL 33771

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

TITLE S ☒ Delete
NAME LOMBARDI, RITA A
STREET ADDRESS 13777 BELCHER RD S.
CITY-ST-ZIP LARGO, FL 33771

TITLE S ☐ Change ☒ Addition
NAME KUZEL, DANETTE L.
STREET ADDRESS 13777 BELCHER ROAD S.
CITY-ST-ZIP LARGO, FL 33771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

[Signature]

JOHN J. PIAZZA

3/28/2005

727-726-3310

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

Date

Daytime Phone #