

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90087 005 ****50.00

DOCUMENT # L03000014943

1. Entity Name
PETE ALFONSO JR. ARCHITECT, LLC



Principal Place of Business
**9720 N ARMENIA AVE
TAMPA, FL 33612**

Mailing Address
**9720 N ARMENIA AVE
TAMPA, FL 33612**

30034175



06012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2092232

Applied For
Not Applicable

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

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

**ALFONSO, PETE JR.
9720 N ARMENIA AVENUE
TAMPA, FL 33612**

**DO NOT WRITE
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 _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ALFONSO, PETE JR.
9720 N ARMENIA AVE
TAMPA, FL 33612**

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

Date

Daytime Phone #

4/21/05 (813) 933-5800