2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-29-2004 90080 040 ****50.00

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MOORE CR2E083 (11/03)

DOCUMENT # L03000021868

1. Entity Name

LEGNO VENETO SOUTH, LLC

Principal Place of Business	Mailing Address
511 VILLA GRANDE AVE. S. ST. PETERSBURG FL 33707 US	511 VILLA GRANDE AVE. S. ST. PETERSBURG FL 33707 US

2. Principal Place of Business	3. Mailing Address
Executive Center Bldg.	1135 S. Pasadena Ave
Suite, Apt. #, etc. 300	Suite, Apt. #, etc.
City & State S. Pasadena, Fl	City & State
Zip 33707 Country USA	Zip Country

4. FEI Number 20-0045536 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, WALTER
511 VILLA GRANDE AVE. S.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. 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 $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ANDERSON, WALTER		NAME		
STREET ADDRESS	511 VILLA GRANDE AVE. S.		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Walter Anderson 4/26/04 727-434-0919
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #