

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032833

FILED
Jan 11, 2006
Secretary of State

Entity Name: SACINO'S FINE DRYCLEANING AND RESTORATION, LLC

Current Principal Place of Business:

3430 FAIRFIELD AVENUE, SOUTH
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

3430 FAIRFIELD AVENUE, SOUTH
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 03-0529715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACINO, RONALD
3430 FAIRFIELD AVENUE, SOUTH
ST PETERSBURG, FL 33711 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: MGRM () Delete
Name: SACINO, RONALD
Address: 2507 PASS-A-GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGRM () Delete
Name: SACINO, GREGORY
Address: 401 PARK STREET S.
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: MGRM () Delete
Name: SANTUCCI, DANIEL
Address: 34008 AMERICANA AVE
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TRISHA PUFFER

ACCT

01/11/2006

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