

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040700

Entity Name: MICHAEL PIACENZA, LLC

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

1138 VENETIAN HARBOR DR. NE
ST. PETERSBURG, FL 33702

New Principal Place of Business:

6610 10TH ST. N
ST. PETERSBURG, FL 33702

Current Mailing Address:

1138 VENETIAN HARBOR DR. NE
ST. PETERSBURG, FL 33702

New Mailing Address:

6610 10TH ST. N
ST. PETERSBURG, FL 33702

FEI Number: 20-0327465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PIACENZA, MICHAEL
1138 VENETIAN HARBOR DR. NE
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

PIACENZA, MICHAEL
6610 10TH ST. N
ST. PETERSBURG, FL 33702 US

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: MICHAEL PIACENZA

07/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIACENZA, MICHAEL
Address: 1138 VENETIAN HARBOR DR. NE
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIACENZA, MICHAEL
Address: 6610 10TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33702

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: MICHAEL PIACENZA

MGRM

07/14/2006

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