

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 18 P 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000043462					
1. Entity Name SORRENTINO 776, L.C.					
Principal Place of Business 2826 TAMiami TRAIL PORT CHARLOTTE, FL 33952		Mailing Address %JACK O HACKETT II ESQ-FARR FARR EMERICH 99 NESBIT STREET PUNTA GORDA, FL 33950			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 10 JACK O. HACKETT II			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-0384021	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, ET AL 99 NESBIT ST PUNTA GORDA, FL 33950				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 _____ DATE _____ (Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent Signature required when renewing))					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORRENTINO, JOSEPH C 2826 TAMiami TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800103221238 05/24/07--01033--011 ***3822.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORRENTINO, EVELYN 2826 TAMiami TRAIL PORT CHARLOTTE, FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE			941-621-4850 Dwtn Dwtm Phone V		

JOSEPH C. SORRENTINO