

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000044349

1. Entity Name  
JACK VILARDI FLOORING INSTALLATIONS LIMITED  
LIABILITY COMPANY



**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1127 WHITE OAK CIRCLE  
MELBOURNE, FL 32934

Mailing Address  
1127 WHITE OAK CIRCLE  
MELBOURNE, FL 32934



07302008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2415971

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

VILARDI, JACK PARTNER  
1127 WHITE OAK CIRCLE  
MELBOURNE, FL 32934

**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

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	VILARDI, JACK PARTNER
STREET ADDRESS	1127 WHITE OAK CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	MGR
NAME	NUNEZ, JAIME PARTNER
STREET ADDRESS	3220 HEIDER ROAD
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	MGR
NAME	VILARDI, JACK PARTNER
STREET ADDRESS	946 BROOK HOLLOW COURT
CITY-ST-ZIP	MELBOURNE, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000956940

08/04/08-80002-020 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

2/30/08

Date

(321) 7527839

Daytime Phone #