2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# L03000045277

Entity Name: SENSINI "LLC"

Current Principal Place of Business:

3575 SW 150TH LN RD
OCALA, FL 34473 US

New Principal Place of Business:

Current Mailing Address:

3575 SW 150TH LN RD
OCALA, FL 34473 US

New Mailing Address:

FEI Number: 90-0124440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SENSINI, JAMES J
3575 SW 150TH LN RD
OCALA, FL 34473 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:	MGR	( ) Delete
Name:	SENSINI, JAMES J MGR	
Address:	3575 SW 150TH LN RD	
City-St-Zip:	OCALA, FL 34473	
Title:	MGRM	( ) Delete
Name:	SENSINI, WILLIAM J MGRM	
Address:	3575 S.W.150TH.LN,ROAD	
City-St-Zip:	OCALA, FL 34473 US	
Title:	MGRM	( ) Delete
Name:	CHICKS, CHAD MGRM	
Address:	3575 SW150THLN,ROAD	
City-St-Zip:	OCALA, FL 34473 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	STERKEL, JOSH MGRM	
Address:	3575 SW150THLN,ROAD	
City-St-Zip:	OCALA, FL 34473 US	

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J SENSINI   MGR   08/27/2008

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