

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90075 016 \*\*\*\*50.00

**DOCUMENT # L03000045303**

1. Entity Name  
**ANTHONY CALCAGNO, L.L.C.**



Principal Place of Business

**2824 SWANBROOK CT  
TALLAHASSEE, FL 32308  
139 WOODLAND HERITAGE BLVD.  
CRAWFORDVILLE FL 32327**

Mailing Address

**2824 SWANBROOK CT  
TALLAHASSEE, FL 32308  
139 WOODLAND HERITAGE BLVD.  
CRAWFORDVILLE FL 32327**

**DO NOT WRITE IN THIS SPACE**



01232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0404822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

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

**RICHARD A GLOVER CPA, P.A.  
1809 MICCOSUKEE COMMONS DR  
SUITE 108  
TALLAHASSEE, FL FL323-08**

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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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CALCAGNO, ANTHONY
STREET ADDRESS	<b>2824 SWANBROOK CT 139 WOODLAND HERITAGE BLVD.</b>
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32308 CRAWFORDVILLE FL 32327</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

*Anthony Calcagno* **ANTHONY CALCAGNO 1/24/05**