

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 033 ****50.00

DOCUMENT # L03000048660

1. Entity Name
KENNEDY VENTURES, LLC



Principal Place of Business

**5607 JOHNS RD
SUITE 1001
TAMPA, FL 33634**

Mailing Address

**5607 JOHNS RD
SUITE 1001
TAMPA, FL 33634**

00051568



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03152007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

80-0084964

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ITALIANO, ANTHONY S SR
5607 JOHNS RD, STE. 1001
TAMPA, FL 33634**

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRC** ☐ Delete
NAME **ITALIANO, ANTHONY S SR**
STREET ADDRESS **5607 JOHNS RD, SUITE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MGRP** ☐ Delete
NAME **ITALIANO, SALVATORE A**
STREET ADDRESS **5607 JOHNS RD, SUITE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRC** ☒ Change ☐ Addition
NAME **ITALIANO, SR, ANTHONY S**
STREET ADDRESS **5607 JOHNS RD, STE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Anthony S Italiano Sr.* **Anthony S. Italiano Sr.** 3/16/07 813-254-3883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #