


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000051044 1. Entity Name MOLINO'S RISTORANTE, LLC	
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Principal Place of Business 26841 SOUTH BAY DRIVE SUITE 159 BONITA SPRINGS, FL 34134 US	Mailing Address 26841 SOUTH BAY DRIVE SUITE 159 BONITA SPRINGS, FL 34134 US
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0456091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID MCEL RATH, P. A.
4501 TAMiami TRAIL NORTH
SUITE 204
NAPLES, FL 34103**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURISIC, NEDZAD 26841 SOUTH BAY DRIVE, SUITE 159 BONITA SPRINGS, FL 34134
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03/04/08-80028-019 138.75

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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: NEDZAD PURISIC **2-8-08** **239-992-7025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #