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Secretary of State

03-06-2007 90076 008 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000051669

1. Entity Name
PHILIP P. STRAZZULLA, LLC

Principal Place of Business	Mailing Address
4102 SABAL PALM DR. VERO BEACH, FL 32963	4102 SABAL PALM DR. VERO BEACH, FL 32963

03022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7655 POLO SQUARE	7655 POLO SQUARE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32968 Country: USA	Zip: 32968 Country: USA

4. FEI Number: 20-0481937 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAZZULLA, PHILIP P
4102 SABAL PALM DRIVE
VERO BEACH, FL 32963

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] 2/28/2007
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		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STRAZZULLA, PHILIP P 4102 SABAL PALM DR. VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ~~MEMBER~~ 7655 POLO SQUARE VERO BEACH, FL 32968 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR STRAZZULLA, TERRI MEM 4102 SABAL PALM DRIVE VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEMBER~~ MANAGING MEMBER 7655 POLO SQUARE VERO BEACH, FL 32968 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 2-28-2007 (772) 778-7738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #