


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90066 033 ****50.00

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| DOCUMENT # L03000056108 | | | |  | |
| 1. Entity Name VINCELLI REMODELING LLC | | | | | |
| Principal Place of Business 2328 DUCKLAKE DR. W. FERNANDINA BEACH FL 32034 | | | Mailing Address 2328 DUCKLAKE DR. W. FERNANDINA BEACH FL 32034 | | |
| 2. Principal Place of Business <i>2328 DUCKLAKE DR. W.</i> | | 3. Mailing Address <i>SAME</i> | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State <i>FERNANDINA</i> | | City & State <i>FL FLA</i> | | 4. FEI Number 59-3403607 | |
| Zip <i>32034</i> | | Country <i>NASSAU</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VINCELLI, STEPHEN M 2328 DUCK LAKE DR. W. FERNANDINA BEACH FL 32034 | | | 7. Name and Address of New Registered Agent Name <i>STEPHEN VINCELLI</i> Street Address (P.O. Box Number is Not Acceptable) <i>2328 DUCKLAKE DR. W.</i> City <i>FERNANDINA</i> FL Zip Code <i>32034</i> | | |
| 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 <i>Stephen Vincelli</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR VINCELLI, BARBARA A 2328 DUCK LAKE DR. W. FERNANDINA BEACH FL 32034 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Stephen Vincelli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| | | | | <small>Date Daytime Phone #</small> | |