2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000056330

1. Entity Name
RISTORANTE D'ANGELI, LLC

Principal Place of Business	Mailing Address
466 5TH AVENUE SOUTH NAPLES, FL 34102	462 5TH AVENUE S ATTN: MARY WALLER NAPLES, FL 34102

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04262007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0523137	Not Applicable

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

6. Name and Address of Current Registered Agent

THOMAS F. HUDGINS, PLLC
791 10TH STREET SOUTH, SUITE B
NAPLES, FL 34102

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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 changing.)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	TURRA, ANGELINA
STREET ADDRESS	564 PARKWOOD LN
CITY-ST-ZIP	NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY ST-ZIP	
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05/23/07-80066-004 50.00

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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: _____

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