

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000006623

**FILED**  
**Mar 25, 2009**  
**Secretary of State**

**Entity Name:** MARCHIONNI PAINTING & CONSTRUCTION LLC

**Current Principal Place of Business:**

920 MELLER WAY  
ORLANDO, FL 32817

**New Principal Place of Business:**

920 MELLER WAY  
ORLANDO, FL 32825

**Current Mailing Address:**

P.O BOX 678191  
ORLANDO, FL 32867

**New Mailing Address:**

**FEI Number:** 20-2554597      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MARCHIONNI, GABRIEL A  
920 MELLER WAY  
ORLANDO, FL 32825      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: MARCHIONNI, GABRIEL A  
Address: 920 MELLER WAY  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIEL MARCHIONNI      MGR      03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date