

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90099 018 \*\*\*143.75

DOCUMENT # L04000007067

1. Entity Name

THOMAS RENNO CONSTRUCTION LLC



Principal Place of Business

1297 PETRONIA ST.  
NORTH PORT FL 34286

Mailing Address

1297 PETRONIA ST.  
NORTH PORT FL 34286

*Thomas Renno* *Thomas Renno*

2. Principal Place of Business - No P.O. Box #

*1267 Petronia ST*

3. Mailing Address

*1267 Petronia ST*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/07)

City & State  
*North Port FL*

City & State  
*North Port FL*

4. FEI Number

61-1465108

Applied For

Not Applicable

Zip

Country

Zip

Country

*34286*

*USA*

*34286*

*USA*

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENNO, THOMAS  
1297 PETRONIA ST.  
NORTH PORT FL 34286

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RENNO, THOMAS  
1297 PETRONIA ST.  
NORTH PORT FL 34286  
*Change to (1267 Petronia)*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Thomas Renno*

*2/9/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*941  
544  
3423*