

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022069

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** JOHN A. D'AGOSTINO, LLC

**Current Principal Place of Business:**

1412 COVEY CIRCLE S  
LAKELAND, FL 338095600 US

**New Principal Place of Business:**

**Current Mailing Address:**

1412 COVEY CIRCLE S  
LAKELAND, FL 338095600 US

**New Mailing Address:**

**FEI Number:** 51-0501847

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALEY-GLEASON, JENNIFER S ESQ.  
2888 MAHAN DR. STE. 7  
TALLAHASSEE, FL 32308 US

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

HALEY-GLEASON, JENNIFER S ESQ.  
1400 METROPOLITAN BLVD  
SUITE 100  
TALLAHASSEE, FL 32308 US

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:** JENNIFER S. HALEY-GLEASON

03/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** D'AGOSTINO, JOHN A  
**Address:** 1412 COVEY CIRCLE S  
**City-St-Zip:** LAKELAND, FL 338095600 US

**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:** JOHN A. D'AGOSTINO

MGRM

03/10/2009

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