

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046437

FILED  
Sep 01, 2008  
Secretary of State

Entity Name: COZZA NOZTRA, LLC

## Current Principal Place of Business:

4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207

## New Mailing Address:

4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207 US

FEI Number: 20-1278098      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SIMPSON, DAVID  
4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

SIMPSON, DAVID B PRES  
4560 PINWOOD AVENUE  
JACKSONVILLE, FL 32207 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: DAVID SIMPSON

09/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: DAVID, SIMPSON  
Address: 4560 PINWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: SIMPSON, DAVID B PRES  
Address: 4560 PINWOOD AVENUE  
City-St-Zip: JACKSONVILLE, FL 32207

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: DAVID SIMPSON

PRES

09/01/2008

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