

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-29-2005 90119 004 ****50.00

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1. Entity Name
POZZETTO PARADISE, L.L.C.



Principal Place of Business
6860 GULFPORT BLVD. SOUTH #217
SOUTH PASADENA FL 33707

Mailing Address
6860 GULFPORT BLVD. SOUTH #217
SOUTH PASADENA FL 33707

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
P Mr. Elio Pozzetto
3010 Rosemary Ln
Falls Church VA 22042-1840
Zip Country

1st MOORE CR2E083 (10/04)

4. FEI Number **201274892** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
KRON, MARINA
7851 CAUSEWAY BLVD. N.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and wife if applicable (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POZZETTO, ELIO 3010 ROSEMARY LANE FALLS CHURCH VA 22042 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POZZETTO, VIRGINIA 3010 ROSEMARY LANE FALLS CHURCH VA 22042 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POZZETTO KRON, MARINA 7851 CAUSEWAY BLVD. N. ST. PETERSBURG FL 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elio Pozzetto 4-1-05 703/573-5533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #