

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060408

Entity Name: DIVELLO FAMILY, L.L.C.

FILED  
Jan 29, 2008  
Secretary of State

**Current Principal Place of Business:**

400 ISLAND WAY, NO. 703  
CLEARWATER, FL 33767

**New Principal Place of Business:**

504 GULFVIEW BLVD  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

400 ISLAND WAY, NO. 703  
CLEARWATER, FL 33767

**New Mailing Address:**

PO BOX 120941  
CLERMONT, FL 34712

FEI Number: 20-1534925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RUNNELLS, KENT B ESQ  
101 MAIN STREET, SUITE A  
SAFETY HARBOR, FL 34695 US

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

QUICKBOOKS SOLUTIONS, INC.  
27615 US HWY 27  
SUITE 112-204  
LEESBURG, FL 34748 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: HEATHER PERKINS

01/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DIVELLO, FULVIO  
Address: 400 ISLAND WAY, NO. 703  
City-St-Zip: CLEARWATER, FL 33767

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BENEVIDES, PETE  
Address: PO BOX 120941  
City-St-Zip: CLERMONT, FL 34712

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: PETE BENEVIDES

MGRM

01/29/2008

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