


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90418 022 ****55.00

DOCUMENT # L04000061734		
1. Entity Name PROCACCINI LIVERY, LLC		

Principal Place of Business 17017 SW 53RD COURT MIRAMAR, FL 33027	Mailing Address 17017 SW 53RD COURT MIRAMAR, FL 33027
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20026129



2. Principal Place of Business 1117A South 21st Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02102005 Chg-LLC CR2E083 (10/03)

City & State HOLLYWOOD FLA	City & State
Zip 33020	Country USA

4. FEI Number 030547781	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GORDON, BRENDA 17017 SW 53RD COURT MIRAMAR, FL 33027	

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 Brenda Gordon (NOTE: Registered Agent signature required when reinstating) DATE 3/20/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, BRENDA 17017 SW 53RD COURT MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda Gordon 3/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #