

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065019

FILED
Apr 30, 2008
Secretary of State

Entity Name: JODI CICCIA, LLC

Current Principal Place of Business:

1402 NE 11TH TERRACE
CAPE CORAL, FL 33909

New Principal Place of Business:

2720 NE 6TH AVE
CAPE CORAL, FL 33909

Current Mailing Address:

1402 NE 11TH TERRACE
CAPE CORAL, FL 33909

New Mailing Address:

2720 NE 6TH AVE
CAPE CORAL, FL 33909

FEI Number: 51-0522744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CICCIA, JODI
1402 NE 11TH TERRACE
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

CICCIA, JODI
2720 NE 6TH AVE
CAPE CORAL, FL 33909 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STANKIEWICZ, BRETT
Address: 1402 NE 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM () Delete
Name: CICCIA, JODI
Address: 1402 NE 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STANKIEWICZ, BRETT
Address: 2720 NE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM (X) Change () Addition
Name: CICCIA, JODI
Address: 2720 NE 6TH AVE
City-St-Zip: CAPE CORAL, FL 33909

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: JODI CICCIA

MGRM

04/30/2008

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