2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State
02-24-2005 90108 013 ****50.00

DOCUMENT # L04000067303

1. Entity Name
GIOVANNI, LLC

Principal Place of Business	Mailing Address
14444 SOUTH DRIVE WHITESTONE NY 11357	14444 SOUTH DRIVE WHITESTONE NY 11357
3348-ATLANTIC-AVE 144-44-SOUTH-DRIVE	
2. Principal Place of Business: GROUND-FLOOR	3. Mailing Address: 1st FLOOR
Suite, Apt. #, etc.: DAYTONA BEACH-S.	Suite, Apt. #, etc.: WHITESTONE
City & State:	City & State:
Zip 32127 Country FLORIDA	Zip 11357 Country N.Y.

1st MOORE CR2E083 (10/04)

4. FEI Number — Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

BORNS, LAWRENCE W
412 N. HALIFAX AVENUE
DAYTONA BEACH FL 32118

7. Name and Address of New Registered Agent

Name: ANTONIA-IPPOLITO
3960-OAK-TRAIL-RUN #1603
City: PORT-ORANGE FL Zip Code: 32127

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: Antonia Ippolito DATE: 2-15-05
(Signature, typed or printed name of registered agent and title if agent is an entity) (NOTE: Registered Agent signature required when reinstating)

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	MGRM IPPOLITO, ANTONIO 14444 SOUTH DRIVE WHITESTONE NY 11357	☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
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		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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: Antonia Ippolito 3-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #