

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90185 007 ****55.00

DOCUMENT # L04000067303--

1. Entity Name

GIOVANNI, LLC



Principal Place of Business

Mailing Address

3348 ATLANTIC AVE
GROUND FLOOR
DAYTONA BEACH SOUTH FL 32127
US

14444 SOUTH DRIVE
1ST FLOOR - WHITESTONE
WHITESTONE NY 11357
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3348-ATLANTIC-AVE

144-SOUTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

GROUND-FLOOR

FL. WHITESTONE

City & State

City & State

DAYTONA-BEACH-SOUTH

WHITESTONE

Zip

Country

Zip

Country

32127

U.S. FL.

11357

N.Y.

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IPPOLITO, ANTONIA
3960 OAK TRL RUN
#1603
PORT ORANGE FL 32127

NEW Name IPPOLITO, ANTONIA

Street Address (P.O. Box Number is Not Acceptable)

971-SANDLE-WOOD-DRIVE

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

Antonip Ippolito

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
IPPOLITO, ANTONIA
3960 OAK TRAIL RUN #1603
PORT ORANGE FL 32127

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
IPPOLITO-ANTONIA
971-SANDLE-WOOD-DRIVE
PORT-ORANGE, FL 32127

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Antonip Ippolito 4/1/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #