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May 02, 2008 8:00 am
Secretary of State
03-06-2008 90246 041 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

3/13

DOCUMENT # L04000067303

1. Entity Name

GIOVANNI, LLC

Principal Place of Business	Mailing Address
3348 ATLANTIC AVE GROUND FLOOR DAYTONA BEACH SOUTH FL 32127 US	144 SOUTH DR WHITESTONE NY 11357 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3348-ATLANTIC-AVE	144-44-SOUTH-DR.
Suite, Apt. #, etc.: GROUND - FLOOR	Suite, Apt. #, etc.: WHITESTONE 1FL.
City & State: DAYTONA-BEACH-SOUTH	City & State: NEW - YORK
Zip: 32127 Country: FLORIDA	Zip: 11357 Country: USA

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

IPPOLITO, ANTONIA
971 SANDLE WOOD DR
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: ANTONIA - IPPOLITO

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

971 - SANDLE WOOD DR

City [redacted]

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.

PORT - ORANGE FL. 32127

SIGNATURE ______________________ DATE ________

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IPPOLITO, ANTONIA 971 SANDLE WOOD DR PORT ORANGE FL 32127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Antonia Ippolito 4-27-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #