


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000068324</b> 1. Entity Name <b>LAGRASTA CONSTRUCTION, LLC</b>	
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Principal Place of Business <b>506 106TH AVENUE NORTH NAPLES, FL 34108</b>	Mailing Address <b>506 106TH AVENUE NORTH NAPLES, FL 34108</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-1673824**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>LA GRASTA, MARIA 506-106 AVENUE NORTH NAPLES, FL 34108</b>
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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LA GRASTA, DOMENICO 506 106TH AVENUE NORTH NAPLES, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAGRASTA, MARIA 506 106TH AVENUE NORTH NAPLES, FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LAGRASTA, MARIA 506 106TH AVENUE NORTH NAPLES, FL 34108</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000794105  
01/25/08-80037-003 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Maria LaGrasta MARIA LAGRASTA 1-14-2008 239-597-5850

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

Date

Daytime Phone #