

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071476

FILED  
Mar 02, 2006  
Secretary of State

Entity Name: VERRAZANO'S OF NEW PORT RICHEY, LLC

**Current Principal Place of Business:**

4531 TRIMBLE LANE  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ERNEST L. MASCARA, P.A.  
475 CENTRAL AVENUE, SUITE 202  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number: 20-1698120      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASCARA, ERNEST L  
THE KRESS BUILDING, SUITE 202  
475 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCIANDIVASCI, LEONARDO  
Address: 4531 TRIMBLE LANE  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM (X) Delete  
Name: ARMETTA, ANGELO  
Address: 1738 LENAWEE LOOP, #308  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEONARDO SCIANDIVASCI      MGRM      03/02/2006

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