

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90020 008 ****55.00

DOCUMENT # L04000071672

1. Entity Name
P.M. VEGLIO II, L.L.C.



Principal Place of Business
3907 LAKESIDE RESERVE LANE
ORLANDO, FL 32810

Mailing Address
3907 LAKESIDE RESERVE LANE
ORLANDO, FL 32810

2. Principal Place of Business
800 SPRING VALLEY ROAD
Suite, Apt. #, etc.

3. Mailing Address
800 SPRING VALLEY ROAD
Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS, FL
Zip
32714
Country
USA

City & State
ALTAMONTE SPRINGS, FL
Zip
32714
Country
USA

05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2585201
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGLIO, GIULIO
3907 LAKESIDE RESERVE LANE
ORLANDO, FL 32810

7. Name and Address of New Registered Agent

Name
VEGLIO, GIULIO
Street Address (P.O. Box Number is Not Acceptable)
800 SPRING VALLEY ROAD
City
ALTAMONTE SPRINGS FL Zip Code
32714

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 reinstating)

DATE

5.1.06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VEGLIO, GIULIO P MEMBER
3907 LAKESIDE RESERVE LANE
ORLANDO, FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
VEGLIO, GIULIO P MEMBER ☒ Change ☐ Addition
800 SPRING VALLEY ROAD
ALTAMONTE SPRING FL 32714

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

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

TITLE
NAME
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☐ Change ☐ Addition

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 606, Florida Statutes.

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

Date

Daytime Phone #

5.1.06