

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

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90113 024 \*\*\*138.75

**DOCUMENT # L04000071695**

1. Entity Name

5105 N. ARMENIA LLC



Principal Place of Business

5105 N. ARMENIA AVE.  
TAMPA FL 33603-1405

Mailing Address

5105 N. ARMENIA AVE.  
TAMPA FL 33603-1405



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number  
**20-3119145**

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

DENNIS SEBASTIAN AGLIANO  
5105 N. ARMENIA AVE.  
TAMPA FL 33603

Name

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

City

**FL**

Zip Code

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's signature required when registering)

DATE

**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 ☐ Delete  
NAME **P**  
STREET ADDRESS **AGLIANO, DENNIS S DR**  
CITY-ST-ZIP **5105 N ARMENIA AVE**  
**TAMPA FL 33603**

TITLE ☐ Change ☒ Addition  
NAME **VP**  
STREET ADDRESS **Boothby, Rene A**  
CITY-ST-ZIP **2914 N. Shoreview PL**  
**TAMPA, FL 33602**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TR**  
STREET ADDRESS **RIVERA, MIGUEL A.**  
CITY-ST-ZIP **10128 DOWNNEY XANE**  
**TAMPA, FL 33606**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **OFFICER**  
STREET ADDRESS **DR. Scott A. Powell**  
CITY-ST-ZIP **8585 Canterbury Lake Blvd**  
**TAMPA, FL 33619**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Dennis S. Aghoian MD*

3-31-2008

813-879-8045

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

Date

Daytime Phone #