## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000071695

Entity Name: 5105 N. ARMENIA LLC

City-St-Zip:

TAMPA, FL 33619

FILED Aug 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5105 N. ARMENIA AVE. TAMPA, FL 336031405 **Current Mailing Address: New Mailing Address:** 5105 N. ARMENIA AVE TAMPA, FL 336031405 FEI Number: 20-3119145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENNIS SEBASTIAN AGLIANO 5105 N. ARMENIA AVE. TAMPA, FL 33603 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete AGLIANO, DENNIS S DR Name: Name: Address: 5105 N ARMENIA AVE Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BOOTHBY, RENE A Name: Name: BOOTHBY, RENE A Address: 2914 N. SHOREVIEW PL Address: 5105 N. ARMENIA AVE City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33603 Title: () Delete Title: (X) Change ( ) Addition RIVERA, MIGUEL A Name: RIVERA, MIGUEL A Name: 10128 DOWNEY XANE 5105 N. ARMENIA AVE Address: Address: City-St-Zip: TAMPA, FL 33026 City-St-Zip: TAMPA, FL 33603 Title: ( ) Delete Title: (X) Change ( ) Addition POWELL, SCOTT DR Name: Name: POWELL, SCOTT DR 8525 CANTERBURY LAKE BLVD Address: Address: 5105 N. ARMENIA AVE

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

TAMPA, FL 33603

SIGNATURE: DENNIS S. AGLIANO P 08/20/2009