2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072740

1. Entity Name

DOMINIC J. RECHICHI LLC



Apr 18, 2007 08:00 AM Secretary of State

FILED

Principal Place of Business

10097 CLEARY BLVD., #288 PLANTATION, FL 33324

Mailing Address

10097 CLEARY BLVD., #288 PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

03152007 No Cha-LLC

CR2E083 (11/05)

4. FEI Number 55-0884751

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MODAS, DANIEL A 1215 SE 2 AVE., #202 FT LAUDERDALE, FL 33316

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8. The all the ob	bove named entity submits this statement for the purpose of cha pligations of registered agent.	inging its registered office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATU	JRE	<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	RECHICHI, DOMINIC J		

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

U00000714015 04/27/07-80005-025 50.00

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11. I hereby certify that the information supplied with this filling 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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

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

Dale

Daytme Phone #