

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073869

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: MARY MESSINA-MENDEZ, P.L.

**Current Principal Place of Business:**

6146 NATIVE WOODS DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

6146 NATIVE WOODS DRIVE  
TAMPA, FL 33625

**New Mailing Address:**

PO BOX 271624  
TAMPA, FL 33688

FEI Number: 41-2155235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MESSINA-MENDEZ, MARY  
6146 NATIVE WOODS DRIVE  
TAMPA, FL 33625 US

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

MESSINA-MENDEZ, MARIA  
6146 NATIVE WOODS DRIVE  
TAMPA, FL 33625 US

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: MARIA MESSINA-MENDEZ

02/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MESSINA-MENDEZ, MARY  
Address: 6146 NATIVE WOODS DRIVE  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MESSINA-MENDEZ, MARIA  
Address: 6146 NATIVE WOODS DRIVE  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA MESSINA-MENDEZ

MGRM

02/15/2005

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