

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

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90103 033 ***138.75

DOCUMENT # L04000074600

1. Entity Name

BIGMAN ENTERPRISES, LLC



Principal Place of Business

**981 NORTH 73 AVENUE
HOLLYWOOD FL 33024**

Mailing Address

**173 WICKHAM RD.
GARDEN CITY NY 11530**

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

4. FEI Number

20-1860552

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

**MACINA, MICHAEL
981 NORTH 73 AVENUE
HOLLYWOOD FL 33024**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MACINA, MICHAEL
981 NORTH 73 AVENUE
HOLLYWOOD FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM KRITIS
~~SPRIZ~~, GEORGE
173 WHICKHAM ROAD
GARDEN CITY NY 11530** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - - ☐ Delete

10. **Correct SPELLING** ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KRITIS, GEORGE
173 WICKHAM ROAD
GARDEN CITY NY 11530** ☒ Change ☐ Addition
Correct SPELLING

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

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

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

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

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:

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

Date

Daytime Phone #