2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AN DOCUMENT # L04000078781 1. Entity Name Secretary of State S.A. CARADONNA OF FLORIDA, LLC Mailing Address Principal Place of Business 6161 WATERS WAY 6161 WATERS WAY SPRING HILL FL 34607 SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 56-2496193 Not Applicat Country \$5.00 Additional Ζiρ Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARADONNA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 6161 WATERS WAY SPRING HILL FL 34607 Zip Code City 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 access the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. And in ☐ Change Delete TITLE TITLE U00000403835 NAME CARADONNA, RICHARD NAME 02/06/06-80024-006 50.00 STREET ADDRESS STREET ADDRESS 6161 WATERS WAY CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34607 Addition TITLE Delete TITLE Change NAME MAME CARADONNA, STEPHANIE A STREET ADDRESS STREET ADDRESS 6161 WATERS WAY CATY-ST-ZIP CITY - ST - ZIP SPRING HILL FL 34607 ☐ Change Additi ☐ Delete TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 🔲 Addiiii ☐ Change ☐ Delete TITLE TITLE NAME MARKE STREET AGDRESS STREET ADDRESS DOY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Richard Carodonna, MGR
SIGNATURE: RICHARD CARADONNA, MGR JANUARY 25, 2006 (352) 597-1661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELV DESYMBE PROPRE

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.