

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

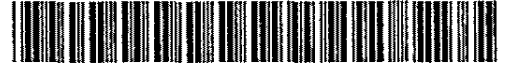
DOCUMENT # L04000081937

1. Entity Name
PUGLISI ENTERPRISES, LLC



Principal Place of Business
**6290 NW 78 PLACE
PARKLAND, FL 33067**

Mailing Address
**6290 NW 78 PLACE
PARKLAND, FL 33067**



01302007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-2162324** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PUGLISI, CHARLES V
6290 NW 78 PLACE
PARKLAND, FL 33067**

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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 signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

11000000617606
02/07/07-80081-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PUGLISI, CHARLES V
6290 NW 78 PLACE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PUGLISI, JULIE L
6290 NW 78 PLACE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE: *x Charles V Puglisi*

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

Date

Daytime Phone #