



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC CR2E083 (12/07)

4. FEI Number 54-2162324	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	MGRM PUGLISI, JULIE L 6290 NW 78 PLACE PARKLAND, FL 33067
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03/18/08-80050-012 138.75

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: Charles V Puglisi 2/28/08 954-444-6154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #