

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093019

1. Entity Name
FRATELLI ENTERPRISES, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:17

Principal Place of Business
5505 LA PUERTA DEL SOL, UNIT 329
ST. PETERSBURG, FL 33715

Mailing Address
5505 LA PUERTA DEL SOL, UNIT 329
ST. PETERSBURG, FL 33715

DO NOT WRITE IN THIS SPACE



07202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
30-0289093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W ESQ
311 SOUTH MISSOURI AVENUE
CLEARWATER, FL 33756

**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

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 September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SPINELLI, GLEN M
STREET ADDRESS	5505 LA PUERTA DEL SOL, UNIT 329
CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	MGR
NAME	SPINELLI, DAVID S
STREET ADDRESS	5505 LA PUERTA DEL SOL, UNIT 329
CITY-ST-ZIP	ST. PETERSBURG, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400090229374
09/27/06--01054--002 **50.00

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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:

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

9/6/06

Date

585
737-4659

Daytime Phone #