

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008882

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** SCALOGNA INSURANCE AGENCY LLC

**Current Principal Place of Business:**

425 9TH STREET SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

425 9TH STREET SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 84-1668652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCALOGNA, JOSEPH  
6031 WAXMYRTLE WAY  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCALOGNA, JOSEPH  
Address: 6031 WAXMYRTLE WAY  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JOSEPH SCALOGNA

MGR

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date