

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000021437

1. Entity Name  
THE FLORIDIAN GROUP, LLC



Principal Place of Business  
P.O. BOX 1778  
TALLAHASSEE, FL 32302-1778

Mailing Address  
P.O. BOX 1778  
TALLAHASSEE, FL 32302-1778

BK

FILED  
07 MAY -4 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
4509 Andrew Jackson Way  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

05032007 Chg-LLC CR2E083 (12/06)

City & State  
Tallahassee, FL 32303

City & State

4. FEI Number  
20-2431805

Applied For  
Not Applicable

Zip  
32303

Country  
USA

Zip

Country

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

## 6. Name and Address of Current Registered Agent

MAROCCO, PETER W  
4509 ANDREW JACKSON WAY  
TALLAHASSEE, FL 32303

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

BK

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 14, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME MAROCCO, PETER  
STREET ADDRESS 4509 ANDREW JACKSON WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800101969498  
05/09/07--01044--005 \*\*50.00

TITLE MGR ☐ Delete  
NAME CAPOZZOLI, JASON  
STREET ADDRESS 4509 ANDREW JACKSON WAY  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/3/07

(850) 980-2888

Date

Daytime Phone #