2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # L05000035020 1. Entity Name THOMAS VITTI L.L.C.							02-21-2006	901760	41 ****5	0.00
Principal Place of Business Mailing Address										
10975 S.W. 155 ST. 10975 S.W. 155 ST.										
DUNNELLON, FL 34432 DUNNELLON, FL 34432						İ				
						(Mariani An	BBIN BUL SEN SEN BEIN	. RETTE MEN BY	11 00:15 11871 09 1	221 Mi 122)
2. Principal Pl	lace of Busin	ess	3. Mailing Address							
Colon Ant	# 010		Suite, Apt. #, etc.			-[
Suite, Apt. #, etc.			Suite, Apr. W. etc.			02112006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Numbe			An	plied For
			J., 2.22.5				75-3192	588		t Applicable
Zip	Zip Country		Zip		try				\$5.00 Add	
•	, ,		1		•	5. Certificate of Status Desired Fee Required				
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent				
					Name					
VITTI, THO					Street Address (P.O. Box Number is Not Acceptable)					
10373 0.44. 133 51.						(P.O. Box Numbe	er is not acceptable	,		
DUNNELLON, FL 34432							· · · · · · · · · · · · · · · · · · ·			
		-		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.,										
SIGNATURE										
JIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)		DATE		
Filing Fee is \$50.00						Make check payable to Florida Department of State				
Di	ue by May	y 1, 2006	,	•			Florida	Departm	ent of State	•
9. MANAGING MEMBERS/MANAGERS 10.						l	ADDITIONS/	CHANCED		
9.	MANAGING MEMBE			TITLE			ADDITIONS/	CHANGES	Change	- Addison
TITLE NAME	VITTI, THOMAS		Delete ITIL		- 1					☐ Addition
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CITY-ST-ZIP	DUNNELLON, FL 34432		E .		-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am a managing member or manager of the limited liability commany or the receiver or instee empowered to execute this report as required by Chapter 608. Florida Statutes.										