

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90029 013 ****50.00

DOCUMENT # L05000051659

1. Entity Name

ANTHONY AND SONS LLC



Principal Place of Business

**5249 BERKELEY DRIVE
NAPLES FL 34112
US**

Mailing Address

**5249 BERKELEY DRIVE
NAPLES FL 34112
US**

2. Principal Place of Business - No P.O. Box #

7825 Founders Circle

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10999

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/06)

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

20-2887383

Applied For

Not Applicable

Zip

34104

Country

US

Zip

34104

Country

US

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEBELLA, ANTHONY J
5249 BERKELEY DRIVE
NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

Anthony J DeBella

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

7825 Founders Circle

City

Naples

FL

Zip Code

34104

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGR
DEBELLA, ANTHONY
5249 BERKELEY DR
NAPLES FL 34112** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

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☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**MGR
Anthony DeBella
7825 Founders Circle
Naples, FL 34104** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
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CITY ST ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Daytime Phone #