

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90011 035 ****50.00

DOCUMENT # L05000054502

1. Entity Name
TUSCANO LANDINGS, LLC



Principal Place of Business
**13777 BELCHER ROAD SOUTH
LARGO, FL 33771**

Mailing Address
**13777 BELCHER ROAD SOUTH
LARGO, FL 33771**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2941104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEHRENFELD, CRAIG E
601 BAYSHORE BLVD. SUITE 700
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name **JOHN J. PIAZZA SR.**

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

13777 Belcher Rd. So.

City **Largo**

FL

Zip Code
33771

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

JOHN J. PIAZZA SR.

1/18/06

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **PIAZZA, JOHN J SR.**
STREET ADDRESS **13777 BELCHER ROAD SOUTH**
CITY-ST-ZIP **LARGO, FL 33771**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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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

1/18/06 727-726-3310

Date

Daytime Phone #