


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**7. Aug 08, 2008 8:00 am
Secretary of State**

07-14-2008 90096 024 ***138.75
08-08-2008 90034 027 ***400.00

DOCUMENT # L05000058919 1. Entity Name ENA GROUP, LLC	
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Principal Place of Business 2303 BRANDON ROAD LAKE LAND, FL 33803	Mailing Address 2303 BRANDON ROAD LAKE LAND, FL 33803
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50009220



03162008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2993438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

VOLPE, MARC A
2303 BRANDON ROAD
LAKE LAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VOLPE, MARC A 2303 BRANDON ROAD LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SKARDA, JANET S 2303 BRANDON ROAD LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: Marc A. Volpe - Mgr. 7/9/08 863-682-9202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #