


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90068 048 ****50.00

DOCUMENT # L05000076051 1. Entity Name TOUCH OF NAPOLI, LLC					
Principal Place of Business 4060 BRECKLAND COURT SPRING HILL, FL 34609 US			Mailing Address 4060 BRECKLAND COURT SPRING HILL, FL 34609 US		
2. Principal Place of Business - No P.O. Box # 14277 POWELL RD.		3. Mailing Address Suite, Apt. #, etc.			
City & State SPRING HILL FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-3218462	
Zip 34609		Country USA.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENGESBACH & TAYLOR, P.A. 5330 SPRING HILL DRIVE SUITE J SPRING HILL, FL 34606				7. Name and Address of New Registered Agent Name MARYANN J. MONTALBANO Street Address (P.O. Box Number is Not Acceptable) 4060 BRECKLAND CT City SPRING HILL FL Zip Code 34609	
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 <u><i>Maryann J. Montalbano</i></u> 4-27-07 <small>Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTALBANO, MARYANN J 4060 BRECKLAND COURT SPRING HILL, FL 34609 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARILE, LUIGI 2425 HAWTHORNE ROAD SPRING HILL, FL 34609 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CACACE, ANTONIO 312 SPRINGHAVEN LOOP SPRING HILL, FL 34608 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Maryann J. Montalbano</i></u>				4-27-07 352-263-2883	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	