

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087131

FILED
Jul 05, 2006
Secretary of State

Entity Name: PETER VITO CUSUMANO, LLC

Current Principal Place of Business:

809 US HWY 27 SOUTH
RE/MAX REALTY PLUS
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

809 US HWY 27 SOUTH
RE/MAX REALTY PLUS
SEBRING, FL 33870

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUSUMANO, PETER
207 NE LAKEVIEW DRIVE
APT. 1002
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

CUSUMANO, PETER
RE/MAX REALTY PLUS
809 US HWY 27 SOUTH
SEBRING, FL 33870 US

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.

SIGNATURE:

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUSUMANO, PETER
Address: 207 NE LAKEVIEW DRIVE APT. 1002
City-St-Zip: SEBRING, 33 33870

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUSUMANO, PETER V
Address: 3625 MANOR DRIVE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Change (X) Addition
Name: WILLIAMS, DEBRA A
Address: 4415 ALCANTARA AVE
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER CUSUMANO

MR

07/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date