


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90438 039 ****50.00

DOCUMENT # L05000091900

1. Entity Name
LARO & ASSOCIATES, LLC



Principal Place of Business
2240 GENTIAN ROAD
VENICE, FL 34293 US

Mailing Address
2240 GENTIAN ROAD
VENICE, FL 34293 US



2. Principal Place of Business - No P.O. Box #
2240 GENTIAN Rd
 Suite, Apt. #, etc.

3. Mailing Address
2240 GENTIAN Rd
 Suite, Apt. #, etc.

03172007 Chg-LLC CR2E083 (12/06)

City & State
VENICE FLORIDA

City & State
VENICE FLORIDA

Zip
34293

Country
SARASOTA

Zip
34293

Country
SARASOTA

4. FEI Number
20-3491426

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LARO, ROSEMARY D
2240 GENTIAN ROAD
VENICE, FL 34293

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	P LARO, ROSEMARY D 2240 GENTIAN ROAD VENICE, FL 34293 <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	VP LARO, RONALD A 2240 GENTIAN ROAD VENICE, FL 34293 <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
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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: *Rosemary Laro* **3-26-07** **941-493-9838**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #