

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093123

1. Entity Name
LABRETTO, L.L.C.



Principal Place of Business
5526 FOUNTAIN DRIVE, SOUTH
LAKE WORTH, FL 33467

Mailing Address
5526 FOUNTAIN DRIVE, SOUTH
LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3552612

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, JACK S
11450 S.E. DIXIE HIGHWAY
HOBE SOUND, FL 33455

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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 \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHAMOUN, GUS
STREET ADDRESS 5526 FOUNTAIN DRIVE, SOUTH
CITY-ST-ZIP LAKE WORTH, FL 33467

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07/14/08-80013-009 538.75

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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: Shannon Chamoun Gus Chamoun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/10/08

Date

561-304-0187

Daytime Phone #