

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90117 032 \*\*\*\*50.00

**DOCUMENT # L05000117241**

1. Entity Name  
**ANTHONY COMPANIES, LLC**



Principal Place of Business  
**5607 JOHNS ROAD, SUITE 1001  
TAMPA, FL 33634-4317**

Mailing Address  
**5607 JOHNS ROAD, SUITE 1001  
TAMPA, FL 33634-4317**

00001000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03152007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-2546309**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, ALAN F  
19110 FERN MEADOW LOOP  
ALAN F. GONZALEZ, LL.M, P.L.  
LUTZ, FL 33558-4002**

Name  
**ITALIANO, SR, ANTHONY S**

Street Address (P.O. Box Number is Not Acceptable)  
**5607 JOHNS RD, STE 1001**

City **TAMPA**

**FL**

Zip Code  
**33634**

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

*Anthony S. Italiano, Jr.* **Anthony S. Italiano, Jr.**

**3/16/07**

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 **MGR** ☐ Delete  
NAME **ITALIANO, ANTHONY S SR**  
STREET ADDRESS **5607 JOHNS ROAD, SUITE 1001**  
CITY-ST-ZIP **TAMPA, FL 336344317**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **ITALIANO, SR, ANTHONY S**  
STREET ADDRESS **5607 JOHNS RD, STE 1001**  
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:**

*Anthony S. Italiano, Jr.* **Anthony S. Italiano, Jr.**

**3/16/07**

**813-254-3883**

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

Date

Daytime Phone #