


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L05000119010 1. Entity Name LARRY J. RINNA, "LLC" |  |
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| Principal Place of Business 2363 UNION STREET FT MYERS, FL 33901 | Mailing Address 3742 S.W. 8TH CT., #108 CAPE CORAL, FL 33914 |
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| DO NOT WRITE IN THIS SPACE |
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02052008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number NOT APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RINNA, LARRY J 3742 S.W. 8TH CT., #108 CAPE CORAL, FL 33914 |
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| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> |
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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RINNA, LARRY J 3742 S.W. 8TH CT., #108 CAPE CORAL, FL 33914 |
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| <p>U00000822890 02/20/08-80016-011 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: <i>Larry J Rinna</i> LARRY J RINNA 2/5/08 239-4438525 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |
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