

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000000959

FILED
Jul 14, 2008
Secretary of State

Entity Name: A.N. GALEA LLC

Current Principal Place of Business:

PO BOX 3319
SARASOTA, FL 34230

New Principal Place of Business:

11626 VISTA ROYAL DR.
HUDSON, FL 34667 US

Current Mailing Address:

PO BOX 3319
SARASOTA, FL 34230

New Mailing Address:

11626 VISTA ROYAL DR.
HUDSON, FL 34667 US

FEI Number: 20-4030914 FEI Number Applied For () FEI Number Not Applicable () 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:

GALEA, ANTHONY
11626 VISTA ROYAL DR
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALEA, ANTHONY
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: GALEA, CLAUDELL
Address: PO BOX 3319
City-St-Zip: SARASOTA, FL 34230

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALEA, ANTHONY N
Address: 11626 VISTA ROYAL DR.
City-St-Zip: HUDSON, FL 34667 US

Title: MGR (X) Change () Addition
Name: GALEA, CLAUDELL D
Address: 11667 VISTA ROYAL DR.
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY N. GALEA

MMR

07/14/2008

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