

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000003638

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** POMPILIO ENTERPRISES LLC

**Current Principal Place of Business:**

1669 NW 144TH TERR #203  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1669 NW 144TH TERR #203  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 22-3920123

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POMPILIO, CHRISTOPHER MGR  
1669 NW 144TH TERRACE #203  
SUNRISE, FL 33323 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  
**Name:** POMPILIO, CHRISTOPHER  
**Address:** 1669 NW 144TH TERR STE 203  
**City-St-Zip:** SUNRISE, FL 33323

**Title:** MGR  
**Name:** POMPILIO, MONICA  
**Address:** 1669 NW 144TH TERR STE 203  
**City-St-Zip:** SUNRISE, FL 33323

I hereby 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:** CHRISTOPHER POMPILIO

MGR

04/08/2010

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