


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90028 023 \*\*\*138.75

<b>DOCUMENT # L06000004625</b>	
1. Entity Name CLAUDIO-DECLET PROPERTIES, LLC	

Principal Place of Business 2720 PARK DR CLEARWATER, FL 33763	Mailing Address 2720 PARK DR CLEARWATER, FL 33763
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30009302

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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08052008 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 58-4798312	Applied For 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 CLAUDIO, REINALDO 2727 PARK DR CLEARWATER, FL 33763	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLAUDIO, REINALDO 2720 PARK DR CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

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

Date

Daytime Phone #

8/7/08 (727) 726-8500