2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L06000013908

CITY-ST-ZIP



FILED Mar 27, 2007 8:00 am

Secretary of State

03-27-2007 90201 005 ****50.00 FIORÍTURA ENTERPRISES, LLC Principal Place of Business Mailing Address 60029646 15350 AMBERLY DRIVE #424 15350 AMBERLY DRIVE #424 TAMPA, FL 33647 TAMPA, FL 33647 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-4300580 Not Applicable Country Zip Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Mathew J. Androlewicz ANDROLEWICZ, MATTHEW J 4944 EBENSBURG DR TAMPA, FL 33647 Tampa 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 Watthew and all and sold Signature, typed or printed name of registered agent and title it applicable Matthew J. Androlewie 2 Member 3-23-07
(NOTE: Registered Agent signature required when reinstating)

DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TIŤLE Delete THTLE ☐ Change Addition ANDROLEWICZ, MATTHEW J NAME NAME 15350 AMBERLY DRIVE #424 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP ☐ Delete Addition TITLE ANDROLEWICZ, RITA P NAME NAME 15350 AMBERLY DRIVE #424 STREET ADDRESS STREET ADDRESS TAMPA, FL 33647 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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: Watthew & an	dulen Matthen	J. Androla	wizz 3-23	-07 813-956-12	275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF	IG MANAGING MEMBER, MANAGER, OR AUTHO	RIZED REPRESENTATIVE	Date	Daytime Phone #	

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