

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023326

Entity Name: CORNICELLO, LLC

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

5447 SE REEF WAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

5447 SE REEF WAY
STUART, FL 34997

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOZEAU, LOUIS E JR.
1000 SE MONTEREY COMMONS BLVD.
208
STUART, FL 34996 US

Name and Address of New Registered Agent:

LOZEAU, LOUIS E JR.
1002 SE MONTEREY COMMONS BLVD.
100
STUART, FL 34996 US

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: LOUIS E. LOZEAU, JR.

03/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NISA, THOMAS P
Address: 5447 SE REEF WAY
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Delete
Name: KEMPER, THOMAS E
Address: 3983 SE OLD ST. LUCIE BLVD.
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: BOULOY, JOSE B
Address: 519 SE EUCLID LANE
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUIS E. LOZEAU, JR.

RA

03/14/2007

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