


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90049 027 ****50.00

DOCUMENT # L06000025353	
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1. Entity Name
CHILLURA ENTERPRISES, LLC

Principal Place of Business
509 FINGER LAKES PLACE
SEFFNER, FL 33584

Mailing Address
P.O. BOX 1200
THONOTOSASSA, FL 33592-1200

2. Principal Place of Business - No P.O. Box #
11711 Knights Griffin Rd.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Thonotosassa, FL 33592

City & State
Thonotosassa, FL 33592

Country
U.S.A.



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
None

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GRECO, FRANK J
4047 HENDERSON BOULEVARD
TAMPA, FL 33629

7. Name and Address of New Registered Agent
Name: Salvatore Chillura
Street Address (P.O. Box Number is Not Acceptable)
11711 Knights Griffin Road
City: Thonotosassa FL Zip Code: 33592

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: Salvatore Chillura DATE: 1/16/07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHILLURA, SALVATORE P.O. BOX 1200 THONOTOSASSA, FL 335921200 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33592-1200
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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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: Salvatore Chillura DATE: 1/16/07 813-982-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # EXT. 101