


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90055 032 \*\*\*\*50.00

<b>DOCUMENT # L06000029879</b> 1. Entity Name <b>VITULLI MANAGEMENT &amp; CONSULTING LLC</b>					
Principal Place of Business <b>3585 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136</b>			Mailing Address <b>3585 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>PO Box 2293</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Flagler Bch, FL</b>		
Zip		Country		Zip <b>32136</b>	
Country <b>USA</b>		4. FEI Number <b>41-2202073</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>VITULLI, PATRICIA S 3585 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VITULLI, PATRICIA S 3585 SOUTH CENTRAL AVENUE FLAGLER BEACH, FL 32136</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <i>Patricia S Vitulli</i></b>			<b>08-01-07 386-451-8224</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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