

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90342 042 ****50.00

DOCUMENT # L06000031970

1. Entity Name
1775 LLC



Principal Place of Business
20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954 US

Mailing Address
20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954 US

60056755



2. Principal Place of Business - No P.O. Box #

18151 Murdock Circle
Suite, Apt. #, etc.

3. Mailing Address

18151 Murdock Circle
Suite, Apt. #, etc.

01112007 Chg-LLC CR2E083 (12/06)

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

4. FEI Number 86-1164186

Applied For
Not Applicable

Zip 33948

Country USA

Zip 33948

Country USA

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

6. Name and Address of Current Registered Agent

CUGINI, DANIEL M
20020 VETERANS BLVD.
#22
PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name CUGINI, DANIEL M

Street Address (P.O. Box Number is Not Acceptable)

18151 Murdock Circle

City Port Charlotte

FL

Zip Code 33948

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

Signature, typed or printed name of registered agent and title if applicable.

(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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CUGINI, DANIEL M
STREET ADDRESS 20020 VETERANS BLVD., #22
CITY-ST-ZIP PORTCHARLOTTE, FL 33954 ☐ Delete

TITLE MGRM
NAME WEILER, R. J
STREET ADDRESS 20020 VETERANS BLVD., #7
CITY-ST-ZIP PORT CHARLOTTE, FL 33954 ☐ Delete

TITLE MGR
NAME CORRADI, MICHAEL K
STREET ADDRESS 740 WEST ST.
CITY-ST-ZIP NAPLES, FL 34108 ☐ Delete

TITLE MGR
NAME REPPUCCI, PETER G
STREET ADDRESS 4042 OLD TRAIL WAY
CITY-ST-ZIP NAPLES, FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME Cugini, Daniel M.
STREET ADDRESS 18151 Murdock Circle
CITY-ST-ZIP Port Charlotte, FL 33948 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Daniel M Cugini* 1/11/07 941 629-1115

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

Date

Daytime Phone #