2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 25, 2007 8:00 am
Secretary of State
05-01-2007 90317 017 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000034537

1. Entity Name:
MARCHIANO'S "LITTLE PHILLY" ITALIAN KITCHEN, L.L.C..

Principal Place of Business	Mailing Address
288 WINDWARD PASSAGE CLEARWATER FL 33767	288 WINDWARD PASSAGE CLEARWATER FL 33767

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4616050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONE, RICK ~~3111 W. MLK JR. BOULEVARD~~ ~~SUITE 100~~ ~~TAMPA FL 33607~~	Name LEONE, RICK Street Address (P.O. Box Number is Not Acceptable) 5308 SPRING HILL DRIVE City SPRING HILL FL Zip Code 34606

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COLUCCI, CHRISTINA 288 WINDWARD PASSAGE CLEARWATER FL 33767	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 Section 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: Christina Colucci Christina Colucci 4/19/07 727-447-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #