


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90110 037 ****50.00

DOCUMENT # L06000041703 1. Entity Name STEPHEN DIPIETRO, LLC																																	
Principal Place of Business 5705 NORTH SUMTER BLVD. NORTH PORT, FL 34286			Mailing Address 5705 NORTH SUMTER BLVD. NORTH PORT, FL 34286																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																															
City & State Zip		City & State Zip		Country																													
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent DIPIETRO, STEPHEN 5705 NORTH SUMTER BLVD. NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																														
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																														
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>DIPIETRO, STEPHEN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5705 NORTH SUMTER BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH PORT, FL 34286</td> <td></td> </tr> </table>			TITLE	NAME	Delete		DIPIETRO, STEPHEN	<input type="checkbox"/>	STREET ADDRESS	5705 NORTH SUMTER BLVD.		CITY - ST - ZIP	NORTH PORT, FL 34286		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY - ST - ZIP			
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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: <i>Stephen DiPietro</i>				Date: 2-5-07																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: 941-333-5030																													