

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052780

Entity Name: BEPPE POZZO, LLC

FILED
May 30, 2007
Secretary of State

Current Principal Place of Business:

16318 BRIDGELAWN AVENUE
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

PO BOX 2637
RIVERVIEW, FL 335682637

New Mailing Address:

16318 BRIDGELAWN AVENUE
LITHIA, FL 33547

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REEVES, KINGSLEY A JR.
18002 RICHMOND PLACE DRIVE
APT. #1317
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

REEVES, KINGSLEY A JR.
16318 BRIDGELAWN AVENUE
LITHIA, FL 33547 US

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.

SIGNATURE:

05/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REEVES, KINGSLEY A JR.
Address: 16318 BRIDGELAWN AVENUE
City-St-Zip: LITHIA, FL 33547

Title: MGR () Delete
Name: REEVES, AMINA M
Address: 16318 BRIDGELAWN AVENUE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KINGSLEY A. REEVES, JR.

MGR

05/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date