


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # L06000057213 | | | |  | |
| 1. Entity Name KEVIN DIFULIO LLC | | | | | |
| Principal Place of Business 2131 N. MERIDIAN RD., #125 TALLAHASSEE, FL 32303 | | | Mailing Address 2131 N. MERIDIAN RD., #125 TALLAHASSEE, FL 32303 | | |
| 2. Principal Place of Business - No P.O. Box # <i>Same</i> | | 3. Mailing Address <i>2131 N. Meridian Rd</i> | | | |
| Suite, Apt. #, etc. <i>Same</i> | | Suite, Apt. #, etc. <i>125</i> | | | |
| City & State <i>Same</i> | | City & State <i>TALL FIA</i> | | 4. FEI Number <i>083-34-4603</i> | |
| Zip <i>32303</i> | Country <i>USA</i> | Zip <i>32303</i> | Country <i>USA</i> | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DIFULIO, KEVIN 2131 N. MERIDIAN RD., #125 TALLAHASSEE, FL 32303 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE | | | | | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DIFULIO, KEVIN 2131 N. MERIDIAN RD., #125 TALLAHASSEE, FL 32303 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 800109880068 09/25/07--01017--018 **55.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | 9-13-07 Date Daytime Phone # | | |

2007 SEP 20 PM 2:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

