

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061001

Entity Name: POLLIZZI & FORENSKY, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

4054 BEAVER LANE, STE. 7
CHARLOTTE HARBOR, FL 33952

New Principal Place of Business:

4054 BEAVER LANE
UNIT 7
CHARLOTTE HARBOR, FL 33952

Current Mailing Address:

% DAVID A. HOLMES - FARR, FARR, EMERICH
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

% DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DAVID A
FARR, FARR, EMERICH, HACKETT AND CARR P.A.
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FORENSKY, JAMES
Address: 4054 BEAVER LANE, UNIT 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR () Change (X) Addition
Name: POLLIZZI, ANTHONY
Address: 4054 BEAVER LANE, UNIT 7
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY POLLIZZI

MGR

04/17/2007

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