


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90143 008 ****55.00

DOCUMENT # L06000062373					
1. Entity Name DINO & SON LLC					
Principal Place of Business 1436 LENTON ROSE CT. NEW PORT RICHEY, FL 34655			Mailing Address 1436 LENTON ROSE CT. NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 1436 LENTON ROSE CT. Suite, Apt. #, etc.			3. Mailing Address 1436 LENTON ROSE CT. Suite, Apt. #, etc.		
City & State NEW PORT RICHEY, FLORIDA Zip: 34655 Country: PASCO		City & State NEW PORT RICHEY, FLORIDA Zip: 34655 Country: PASCO		4. FEI Number 34-2066332	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent PACUKU, SALAUDIN 1436 LENTON ROSE CT. NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name: N/A Street Address (P.O. Box Number is Not Acceptable): N/A 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: N/A DATE: 1/24/07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: PACUKU, SALAUDIN STREET ADDRESS: 1436 LENTON ROSE CT. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete		TITLE: MGR NAME: URIM PACUKU STREET ADDRESS: 1436 LENTON ROSE CT. CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: MGR NAME: MARIA KARAMPEKOU STREET ADDRESS: 1312 DUKES DR. CITY-ST-ZIP: TARPON SPRINGS, FL 34689	<input type="checkbox"/> Change <input checked="" 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: SALAUDIN PACUKU			1/24/07 (727) 3723331		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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