

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90354 019 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000070475					
1. Entity Name ANTHONY PANDOLFI LLC					
Principal Place of Business 85 IVANHOE DRIVE ORMOND BEACH, FL 32176 US			Mailing Address 85 IVANHOE DRIVE ORMOND BEACH, FL 32176 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5228214	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PANDOLFI, ANTHONY 85 IVANHOE DRIVE ORMOND BEACH, FL 32176				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS					
TITLE	MGRM ☐ Delete				
NAME	PANDOLFI, ANTHONY				
STREET ADDRESS	85 IVANHOE DRIVE				
CITY - ST - ZIP	ORMOND BEACH, FL 32176				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
10. ADDITIONS / CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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: <u>Anthony M. Pandolfi</u> ANTHONY M. PANDOLFI 4/13/07 386-676-2197					