

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075926

FILED
Jul 11, 2008
Secretary of State

Entity Name: CARILLO FAMILY ENTERPRISES, LLC

Current Principal Place of Business:

351 NORTH DONNELLY ST
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

351 NORTH DONNELLY ST
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 20-5303981 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

CARILLO, BEATRICE
33607 LAKE SHORE DRIVE
TAVARES, FL 32778 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARILLO, JOSEPH
Address: 33607 LAKE SHORE DRIVE
City-St-Zip: TAVARES, FL 32778

Title: MGRM () Delete
Name: CARILLO, BEATRICE
Address: 33607 LAKE SHORE DRIVE
City-St-Zip: TAVARES, FL 32778

Title: F () Delete
Name: ORTIZ, MARY SUE
Address: 351 NORTH DONNELLY ST
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

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

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: JOSEPH CARILLO

MGRM

07/11/2008

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