2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90433 026 ****50.00

DOCUMENT # L06000076275

1. Entity Name
DAVE MELILLO LLC

Principal Place of Business	Mailing Address
~~442~~ CAMPUS ST. CELEBRATION FL 34747	~~442~~ CAMPUS ST. CELEBRATION FL 34747

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #: 422 CAMPUS ST	3. Mailing Address: 422 CAMPUS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CELEBRATION, FL	City & State: CELEBRATION, FL
Zip: 34747 Country: USA	Zip: 34747 Country: USA

4. FEI Number (EIN #) 38-373-9691 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MELILLO, DAVE
~~442~~ CAMPUS ST.
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name: Melillo, Dave
Street Address (P.O. Box Number is Not Acceptable): 422 CAMPUS ST.
City: Celebration **FL** Zip Code: 34747

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 [signature] 3/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR / MELILLI, DAVE / 442 CAMPUS ST. / CELEBRATION FL 34747	☐ Delete	MGR. / MELILLO, DAVE / 422 CAMPUS ST. / CELEBRATION, FL 34747	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3/20/07 407-566-9279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #