

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 442 CAMPUS ST. CELEBRATION FL 34747	Mailing Address 442 CAMPUS ST. CELEBRATION FL 34747
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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

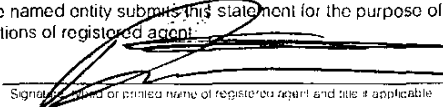
1st MOORE CR2E083 (10/06)

4. FEI Number 38-373-9091	Applied For ☒ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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
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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  3/20/07
Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) CA11

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 MELILLO, DAVE 442 CAMPUS ST. CELEBRATION FL 34747 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. MELILLO, DAVE 422 CAMPUS ST. CELEBRATION, FL 34747 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/07 407-506-9279

Date Issuing Office Phone #